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The Eclectic Review

George W. Boskowitz, A. M. M. D., Editor

Assisted by the faculty of the Eclectic Medical College
of the City of New York

1907
Volume X

New York City, N. Y.

The Hamilton Press

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THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. X.

NEW YORK, JANUARY 15, 1907.

NO. 1.

Our First Bequest.

Dr. E. B. Foote, who was a pioneer in so many reforms, was the first one to remember the college in his will. The executors, his sons, Drs. E. B. and H. T. Foote, informed the trustees of the college last month that by the will of their father, a special sum of money was bequeathed to the college for the purpose of improvement in laboratory equipment. The money so bequeathed will be used under the direction of Professor Meyer, and the college, and its students will reap the benefit of Dr. Foote's thoughtfulness.

The college has also received a donation of the library of the late Dr. J. Nordbrock of Brooklyn and sixty volumes from Dr. H. E. Waite.

The "One Board" Bill.

In a conference at Albany on the 11th of January the Allopaths, through their representative, Dr. Root, gave notice to all other recognized schools of medicine that the One Board Bill is to be pressed in the present Legislature, without regard to any wishes or interests other than those of the Old School. They cannot succeed in their purpose if our own people are alive and alert. The contest is on and it behooves every Eclectic in his own sphere and circle to work for the defeat of this bill. Every medical association and society in the Commonwealth, whether State, County or local, except only the Old School organizations, has spoken clearly and unmistakably in opposition to the bill. The period of resolutions has passed, and the time for action has come. Every Eclectic practitioner in the State of New York should himself, in personal speech and by letter, and by letter following letter, impress the Assemblyman from his district and his

State Senator with the injustice, the inequity and the iniquity of this bill; also such should see to it that every one in whose family he practices, and as well every person of his acquaintance, does the same thing. Assemblymen and Senators represent the people, and every man and woman among their constituency has the right to address them personally and by mail and to keep on so addressing them in the interest of that which is right as affecting any matter of legislation. The present law giving equal rights to each of the recognized schools of medicine has proven salutary and beneficent in its operation. The Allopaths, however, are not content with equal rights before the law but are reaching out by this bill to limit rights to themselves alone and to the elimination of all but themselves.

W. R. S.

Act Now.

I hope everyone will carefully read Pres. Spooner's note of warning, and don't stop at that, but act, and act quickly, and keep right at it until the bill is dead. This is a fight to the finish; let it be so, and we are sure of victory, for the legislators of this great State are just and fair men and I feel confident that if the cause is properly placed before them we must succeed.

Headaches and Insomnia.

The importance of headaches is often overlooked. The laity usually believe that outside of the suffering caused by them, headaches are very simple ailments—too simple to make it necessary to consult a physician in regard to their cause and treatment. In their opinion the only thing needed is something which will quickly stop the pain, and this they can obtain at any drug store. The acetanilid "headache powders" cost but a few cents, and they are sure to quiet the pain. Then, they ask, why should they consult a physician and pay him for doing what they think they can do equally as well themselves? They do not realize the important fact that there must be some well-defined cause for a persistent headache—that obtunding the nerve expression which they call pain many times simply masks an important symptom of an approaching serious wrong of life. Insomnia is another symptom which is too frequently regarded in a light which is far from being in keeping with its importance. Headache is a very common symptom in nervous diseases, and in making a diagnosis it is many times highly suggestive. The headache of intercranial syphilis is characterized by

its nocturnal periodicity, and the headache of melancholia is distinguished by its being almost invariably located in the occipital or post-cervical region. The headache caused by a brain tumor is especially noted for its agonizing severity. The causes of insomnia also vary in the degree of their importance. The insomnia of brain syphilis is usually of the first half of the night, and that of melancholia is more particularly marked during the latter half of the night. The characteristic insomnia of neurasthenia is light, restless sleep throughout the night. If we combine such symptoms as these we will often arrive at a correct diagnosis. If, for instance, in the case of a patient who is suffering from a cerebral lesion, we find that his disease has been preceded by nocturnal headaches accompanied by insomnia of the first part of the night, the insomnia and headache disappearing on the development of the cerebral affection, we have a very good reason for assuming that the brain trouble was due to syphilis. If the headache is associated with insomnia of the latter half of the night there can be but very little risk in deciding that the case is one of melancholia.

J. W. F.

Ellingwood's Therapist.

Dr. Ellingwood needs no introduction to the Eclectics of the East. It is simply necessary for us to announce that he will publish a monthly to be known as "Ellingwood's Therapist," and his eastern friends are sure that an instructive, interesting journal will be the result.

The subscription price is announced as one dollar a year. His prospectus says: "It is to be a journal of specific medicine presenting the most direct, potent, positive, practical, rational truths known to the profession to-day." Subscriptions can be sent to the "Review." We have for many years considered Professor Ellingwood as one who has sacrificed much time and money in the interests of the Eclectic profession, and now let us show him our appreciation of his work by sending him the subscription for his new journal at once. Cash encouragement, I think, will be appreciated.

Educate the Senses.

The physician should give careful attention to the education of all of his senses—especially to those of sight, hearing and touch. He should so train these senses that they will not only do rapid and accurate work, but also act in harmonious association. A cultivated sense of sight alone is often capable of deciding the diagnosis in many diseases of the nervous system. An abnormal development of features and peculiarities of expression tell to the educated sense of sight a story which often makes for a correct diagnosis. The facial expression in melancholia is diagnostic in many cases. The manner of rising from a sitting position, of standing or of walking will often name the disease to the educated eye. The rigid attitude, with the head bent forward, is

so characteristic of a well-developed case of paralysis agitans that it is readily recognized by an eye which has been taught to closely observe its surroundings. The walk in tabes—legs wide apart, feet brought down on the heel, and with unnecessary force—is easily distinguished from any other walk. The tottering shuffle in spastic paraplegia, the stiff half-swing of hemiplegia and the flaccid drag of multiple neuritis or poliomyelitis are all well known to the eye which has been taught to look for them.

It has been said of a distinguished physician that he could make a correct diagnosis before seeing his patient, his ear being so perfectly educated that it would identify the disease from the special walk of the patient as he entered his office.

The sense of touch is one of the most valuable aids in the diagnosis of many diseases. The presence or absence of atrophy frequently decides the diagnosis of an important wrong of life. In infantile spinal paralysis the loss of power is often widespread in the early stage of the affliction, thus making it necessary to exercise great care in order to be able to decide what degree of permanent paralysis is liable to remain. This will usually be indicated by the extent of the atrophy. The appearance of the limb in which atrophy exists may not be markedly changed, and this is especially true in very fat children. The sense of touch, if it has been properly trained, will, however, settle the diagnosis with a remarkable degree of certainty. Hemiatrophy of the tongue can often be discovered by the sense of touch when the eye can see nothing abnormal. The twitch of chorea, when latent, in cases just developing or near recovery, at times can be determined only through the sense of touch.

The foregoing are but a few of the many valuable results to be derived from a thorough education of our senses. They are mentioned for the purpose of suggesting a more careful training of these important faculties.

J. W. F.

Original Articles

Polymnia Uvedalia, Bearsfoot, Leaf-Cup, Yellow Leaf-Cup.

BY W. H. WYATT-HANNATH, M.D.

The plant is not mentioned in the 1895 edition of the American, and the European hellebore is called bearsfoot in one of the older editions of the United States Dispensatory.

Polymnia is a perennial plant growing in moist woody country in the eastern states. The stem is 4 to 10 feet high with large opposite thin leaves about 18 inches long and 12 inches broad, the flowers are bright yellow.

The fluid preparation should be made from the fresh root: the

dose of fluid extract given by Ellingwood is 3 to 15 minims; by Fyfe, 5 to 10 minims; the former gives of the specific polymnia 2 to 10 minims, the latter 1 to 10 minims.

Stagnation of circulation is the general condition indicating its use. It is a specific in splenic enlargement with weight and dragging, and when the tissues are yellow and sodden. It is used in glandular and structural hypertrophy of other organs; e. g., an inactive engorged liver, subinvolted womb, and caked breast, though prolonged use in this case may dry up the milk. It may be used for glandular abscess anywhere, lumbago, myalgia, rheumatism and spinal irritation.

Dr. Scudder thought four ounces of the tincture added to twelve of bay rum made the best possible hair tonic. Ellingwood uses for this purpose castor oil 3 parts, glycerine 1 part, lanolin 3 parts, extract of polymnia 2 parts. I very much prefer 1 1/2 ounces glycerine, 6 drams of specific polymnia, 2 drams of specific pilocarpus and bay rum to make 1/2 pint; a little to be rubbed into the scalp every night.

New York City.

"The Physician on the Stand."

BY A. W. HERZOG, A.M., M.D., LL.D.

Read at the meeting of the Eclectic Medical Society of the City and County of New York.

There are so many different occasions when the physician may be called on the stand, either as principal or witness; that it will be impossible to discuss the subject this evening very thoroughly.

In fact, I can hardly do more, than to give you some of the impressions which I gathered during a fairly large experience in the courtroom, trusting that perhaps sometime, to some one, these observations may prove of benefit.

Now the first thing that strikes me here is the thought which I read in the minds of some of you, that as you do not desire to enter court as an expert, these remarks of mine are not likely to benefit you very much. And let me state right here that I sympathize with the busy practitioner who does not feel inclined to waste his time in the courtroom, waiting to give testimony for a fee of fifty cents,—when the chances are that his waiting-room becomes crowded with impatient patients, who one by one again leave, tired of waiting, perhaps never to return, while those of his patients who are sick abed, perhaps send for another physician.

So, perhaps it may be wise to give a hint or two to him who wants to avoid "going on the stand."

My first advice then would be: Avoid accidents. If you are near an accident, restrain your curiosity. Do not crowd too close, for someone may recognize you and consider that for the sake of "humanity" you

are obliged to tender and render your services, without any expectation of remuneration.

Do not, at an accident, hand your card to the injured or to a friend, nor to a bystander.

You will not be called as an expert, but as a witness.

Therefore, while you will not be given much chance to show how much you know; the attorney for the defense will try to show to the jury how little you know.

When a patient sends for you or calls at your office and starts right in to ask you to examine a certain part of his anatomy, as for example, his leg or ear,—be not too quick in complying with his request. Get your history of the case first.

If the patient tells you of an accident, you can either, if you desire to be called on the witness stand proceed further and examine the case, or if you wish to avoid this, you must decline to even “take a look.”

It will not do for you to go ahead and examine and treat the case and stipulate with the patient that you are not to be called as a witness. If, however, you have asked the patient for the history of the case and the patient has told you for example that he has received a sore knee from slipping, and after you have examined it he tells you that somebody kicked him; and then he tells you that he wants you to testify as to his injuries,—you will have the satisfaction of telling him that if you are called to testify you will testify to the fact of his having stated to you that his injury came from slipping and not from an assault.

While these points may seem of little value to you, let me assure you that their observance has saved me from many days of attendance in court, while the nonobservance of these simple rules has enabled me in a case in which I had been engaged as counsel to secure the testimony in court for my client of seven or eight physicians, who for the slight expense to me of about four dollars, were not only obliged to testify for my client,—but who also were barred from being engaged as experts in the case.

Enough of this, however, for to-day; for the title of my paper is not off the stand, but on the stand.

So let us see whether I may be able to while away a few minutes for you by telling you of the troubles of the physician “on the stand.” Remember under all circumstances, that the game of lawyer and witness, as at present played in court, is “no fair” from beginning to end. Take a case of murder. The defense tries to prove the murderer insane, though they know that he is sane. The prosecution try to prove him sane, though they know that he is insane.

Take an accident. The side for the complainant tries to prove that the injuries are very severe and lasting. The defense tries to prove that their injuries were no injuries at all, or if there have been, that they had disappeared long before the case came to trial. Neither side cares for the truth of the matter, both sides try to win. Twenty witnesses are on the stand. Ten for each side.

All but one have apparently an excellent memory. All witnesses for one side tell the same story. All but one for the other side tell the same story. That one tries to remember; his story is a little different; in fact quite at variance with the story of the others. On cross-examination he gets rattled and is made to leave the stand while utterly confused. The chances are that all the witnesses who told a straight story lied. The chances are that they knew they lied. The one who told the truth as he remembered it naturally got mixed up, because no one can tell the same story twice in the same way, except by memorizing. Remember that being called to court, you go on the stand as witness or expert,—either for one side or for the other side. But no matter for whom you go on the stand, you are taking sides, consciously or unconsciously.

People who are facetious are wont to call lawyers—liars. That is wrong.

Lawyers do not have to lie. The sworn witnesses do that for them. I make it a rule never to appear as expert in a case, except I am fully convinced that the side on which I am called to give testimony is right. If I am asked to go on a case and I find that my side is not right, I refuse to go as expert, but am always willing to go as associate counsel, for although my side may not be right, as counsel I do not fight the right or the wrong, but I fight the counsel of the other side.

Remember that your counsel will always try to treat you fair, and try to help you along, for no matter how little you may know, it is necessary for his success to prove that you are endowed with great knowledge. If he is courteous, if he tries to induce you to answer in a certain way, you can be certain that he imagines that it will help his side if you answer in the way he proposes; but you must be careful, for after his examination comes the cross-examiner, who will pick every one of your answers to pieces, if possible, and show you up as the fool that you are, if they can show you up as a fool.

Therefore all that you have to fear from your side, is, that by being too willing to help your side along you make some statements, which will not stand the light of cross-examination.

Remember that under direct examination you may dig your own grave. All the cross-examiner has to do is to push you into it; and he will do it gladly and promptly.

Fear the other side as you would sin, of the kind that does not appeal to you.

The cross-examiner is not only your born enemy, but he is your enemy, born, brought up, educated, graduated, postgraduated. If he bellows at you, if he tries to frighten you into admissions keep cool. He is not so very dangerous. But if he uses the calm conversational tone, beware—he is very dangerous.

But most dangerous is he then, when he becomes friendly; he is trying to get you off your guard and before you know it you have made some admission which he will use most likely for the purpose of shooing you off the stand in confusion.

The cross-examiner is likely to quote authorities to you, or quote names of men asking you whether you have read their works and consider them authorities.

He may ask you while you are testifying to a case of supposed insanity, whether you consider Lombroso and Francatelli authorities. Whether you have read their works and agree with them. You may have heard of Lombroso. You do not wish to show your ignorance by admitting that you have not heard of Francatelli.

You answer the question in the affirmative.

The next thing that may happen to you is that the astute cross-examiner takes up a book and states: I will now read from Francatelli and ask you whether you agree with him.

He starts to read and you listen with astonishment, for what he reads sounds very much like a recipe for lobster salad, for Francatelli is a chef, his work a cook book, and while the counsel has really read a recipe for a lobster salad, he is very apt to remark, when summing up to the jury, that you ought to be embodied in the salad as one of its necessary ingredients.

This may not happen to you, but it might.

Counsel may ask you whether you have read certain works.

You may not remember whether you have or not. Say so. You may even state that you have read and studied the most prominent authors on the subject under discussion, but that you remembered facts only and did not bother to remember the names of all the authors.

If asked whether you consider so and so an authority, be sure to know, if possible, whether the party has been called as expert for your own side before you state that you do not consider him as such.

It is, however, a good plan never to admit anybody an authority except yourself.

For, as long as you do not admit anybody an authority, you can hold your own opinions, without being forced by counsel to retract a statement previously made.

For thereby your admitted authority may hold and be proven to hold opinions which differ very materially from your own.

Counsel may try to read to you from books, asking you whether you agree with the author.

Ask to be shown the book. Look at the title page, mark the date of publication and the edition. You may agree with the author and next thing you will be shown a later edition in which the author distinctly states that "later experiments or researches have shown," etc., which forces him to change his opinion—and therefore you are a self confessed backnumber.

Remember that you are in the enemy's camp. Prepare your case well. Do not brag, nor try to spout about your experience.

I remember a case in which a physician was sued for malpractice.

He had not diagnosed a case of smallpox, and a whole family living in an adjoining apartment had caught the disease.

The defense had brought half a dozen physicians as experts, to testify that the disease could not have been diagnosed before.

I had been engaged as associate counsel by the counsel for plaintiff and had practically only one question to ask to every one of the "experts" of the defense.

The question that I asked was: Doctor, how many cases of smallpox have you yourself treated, and how many have you seen all together.

My question brought out the fact that all the experts together had seen one case of smallpox. And that was the case which had caused all the trouble.

The medical expert is less respected by the people, by lawyers, by judge and by jury than any other expert, and this rightly so, for no other class of men than physicians differ so materially in their opinions than physicians in court.

I say "in court" advisedly, for while physicians out of court generally agree fairly well, except when they are quarreling about the ethics or so-called ethics of a case, they always seem ready to testify in court for whatever side they are engaged.

I do not believe, in fact, I know, that only the smallest percentage of physicians enter court with the purpose of shading their testimony for the purpose of personal gain,—but I know that physicians are generally easy meat for the lawyer, as being very obliging and ready to help their own side to win.

Let physicians go into court and tell the truth in accident cases. If John Smith has a few scratches over the shinbone, and he got them because he jumped off a car while the car was in motion, let the doctor when the lawyer has sued the company for five thousand dollars damages on a contingent fee of one-third and all disbursements, let the doctor, I say, go into court and testify: John Smith came to me with two or three scratches on the shinbone. I told him to keep the leg clean and charged him a dollar and he owes me the dollar yet. And the people, the lawyer, the judge and the jury and even the patient will have a better opinion of the doctor and of the profession as a whole.

But what is the rule?

John Smith has succeeded in getting scratched. He goes to the lawyer and then to the doctor. The doctor figures it out that there is a chance of running up a good bill and makes John Smith go to bed and he calls on him once a day and forgets to call twice a day more, but charges three calls per day for ninety or a hundred days.

The doctor is glad generally to get a dollar a visit, and half the time he only gets that promised.

But to John Smith he charges three or five dollars per visit and the chances are that there are half a dozen people in the court room at the time when the doctor testifies that his usual charge is five dollars

per visit, who belong to some society, to which the doctor belongs and for which he attends each member for one dollar per year and glad of it.

That the present method of procuring medical experts is entirely wrong will not be denied by any thinking and investigating mind.

At present experts are procured, as I stated before, by the different sides, and take sides, as if they were called on the stand and sworn to try to win the case for their own side instead of being sworn, as they are, to tell the truth, the whole truth and nothing but the truth.

Experts should prove themselves experts by passing an examination before a regularly appointed board.

Let them then be appointed experts, and let the court appoint one or more experts to examine into a matter, the experts will then give their testimony not for one side or the other, but for the truth.

Yet the purpose of this paper is not to find fault with the present system, nor to devise a new system, but to try to tell you something that may prove of benefit to you to-day or to-morrow.

Let me first of all advise you to be exact in your definitions. If you can not give me an exact definition of a horse, when you are testifying as an expert on a matter connected with horses, it will not take me long to prove to the jury, by your own admissions that there is no material difference between a horse and a jackass, nor between a jackass and yourself.

It is wonderful to behold how unprepared certain physicians come into court to testify as experts.

They come to testify that a man is insane, but can not give a decent definition of insanity, or the difference between an illusion, a delusion, and an hallucination.

They come into court to testify that a man is deaf on account of and following a certain accident, and they can not tell the difference between an ear drum and a bass drum.

They come into court, thinking that all they have to do is to make a statement under oath and not knowing that they will be cross-examined and that the law gives the cross-examiner great liberty. They come into court prepared to show their knowledge and end up in exploiting their ignorance.

They forget that they are under oath, and thus, knowing that it would be to their detriment to answer a question with "I do not know," they begin to lie and get tripped up.

They make a statement, and then accommodately admit that there may be a bare possibility that there are exceptions.

Be careful in preparing your case.

I remember a case in which I was engaged, a case of rape, in which a physician, testifying as expert stated that a certain fluid on certain linen was blood. Under cross-examination he had to admit that he had not made any microscopical examination, he had not seen the blood corpuscles, nor had he tested for haemoglobin, therefore, he was

caught flat, as he was neither certain of it being human blood, nor blood at all.

Now there was not the slightest doubt in my mind as to the stains really being blood stains; yet the "expert" had failed in so proving them, through pure negligence or carelessness.

I could go on for a long while yet, but will spare you, and only say, in closing, do not let the examiner hurry you. Take your time in answering. Speak plain, avoiding scientific terms, speak to the point; do not let the examiner force you to answer either yes or no, if by so doing you feel that you will fall into a carefully prepared trap. Demand of the court the right to explain your answer or state that an answer of yes or no would be misleading and therefor you decline to answer either the one or the other, but would be willing to answer if permitted to do so in your own way.

Let this be enough for to-night. I have been on the stand. I trust that the jury will be merciful.

New York City.

Trillium Pendulum.—Bethroot or Birthroot.

BY ELI G. JONES, M. D.

The bethroot is one of our oldest and most reliable remedies, yet in later years it seems to have been almost forgotten. Rafinesque first called attention to its medical properties in his medical Flora of 1828. He says, "externally this root is very useful in the form of a poultice combined with bloodroot, in tumors, indolent ulcers, carbuncles and mortification." I am satisfied from my own experience that it is an astringent, expectorant, antiseptic and tonic. It is found in different parts of North America. There are three varieties; the purple, white and red; but the purple contains the most medicinal value. In cases of relaxed condition of the os uteri with constant weeping of blood, the bethroot is the remedy indicated. 20 drops of a good F. E. of the bethroot may be given four times a day.

A case of menorrhagia that had existed for a long time and had "been the rounds," I cured with the bethroot as given above. In the worst cases of leucorrhoea, when other remedies have failed, I have given a Tr. bethroot, 10 drops, once in 3 hours and cured my patient, using an injection of one drachm of powdered bethroot to a pint of warm water twice a day. I was once called in consultation to see a case of epistaxis where different remedies had been tried and failed to stop the blood. I advised the use of Trillin (bore). The patient snuffed some of the powder up the nose and in a very few moments the hemorrhage was checked. I formerly used a cough powder, composed of \mathcal{R} Powd. bethroot, powd. indian turnip, powd. skunk cabbage, powd. bloodroot aa. $\mathfrak{z}\text{i}$.

Mis. Sig. half a teaspoonful of this mixed with honey. I remember being called some twenty-five miles from home to see a young lady supposed to be in consumption. I arrived in the evening. Her cough was

constant with frequent spitting of blood and she had not been able to get any sleep for several nights. I began to give her the cough powder as often as needed until she fell asleep and had several hours of restful sleep, the first she had obtained for several days. She finally recovered her health and this above powder was my main remedy. In those very alarming hemorrhages that sometimes occur during pregnancy, I have used a strong infusion of the powdered bethroot, 2 ounces to the pint of boiling water, steeped a few moments, then strained. Give 2 table-spoonfuls every 10 minutes until the flowing is checked. I saw a case of this kind that occurred in the third month of pregnancy. The attending physician had tried ergot without its stopping the hemorrhage, I advised the above infusion of the bethroot and in three hours it checked the flooding.

In the severe flooding at abortion and after confinement, I have used 10 drops of the Tr. bethroot once in 15 minutes until the flooding was under control.

Combined with *Lycopus Virg.* I have used it with good success in diabetes mellitus, giving equal parts of F. E. bethroot and bugle weed, 40 drops three times a day. From my own experience I am convinced that it is the remedy for uterine hemorrhage, whether it is active or passive.

New Brunswick, N. J.

Facts Demonstrated by Clinical Experience.

BY J. A. BURNETT, M.D.

The December Eclectic Review is an excellent number. In less than twenty-four hours after I received it I had read everything in it, including all the advertising pages, as I consider a physician should read the advertising pages as well as the rest, as no reliable editor would admit anything in the advertising pages that he would not think beneficial to the readers of his journal. "Facts Demonstrated by Clinical Experience, By an Old Eclectic," is the best article in it, *i. e.*, in my opinion; it was the most practical article for the general practitioner published in the December Review. In this article the writer, Dr. M. W. Henry, tells of combining leptandrin and morphine in large doses, ten grains of the former and half a grain of the latter, which brings to my memory what the late Dr. M. C. Keith said in regard to giving leptandrin soon after morphine had been given. He claimed that it was dangerous to give these remedies close together, as he thought the leptandrin caused rapid absorption of the morphine and poisonous effects, and reports a death which he claims was caused in this way. I do not see why the remedies could not be given together or alternated and would not hesitate to use them his way, and think the death reported by Dr. Keith must be due to other causes. But what he has said about it would cause me to closely watch their action. Later on in the article Dr. Henry seems to agree with the late Dr. King, that leptandrin acts on the liver with more energy and with less cathartic effect than

any other known remedy, and says "he (Dr. King) might have added it with less irritation of the stomach and bowels." According to my clinical experience, I must differ with Dr. Henry and Dr. King. I find that specific chionanthus has more influence on the liver with less laxative and cathartic effect than any remedy that I have ever used, and I have used various remedies of this class in this locality, where torpid livers, biliousness, etc., complicate most all ailments. Beides, specific chionanthus does not irritate the stomach and bowels, but on the other hand, is an excellent stomach tonic. I will state here that I have found by clinical experience that myrica is an important liver remedy and has considerable effect upon the liver without being laxative or purgative at all. Again, in speaking of mandrake, Dr. Henry says: "In chronic hepatitis it has no superior in the whole range of medicines." This assertion again does not conform with my clinical experience for in this condition I have found no remedy equal to specific chionanthus. In fact, I have never found any remedy equal to specific chionanthus in chronic diseases of the liver or even in acute diseases, where laxative and quick action is not desired or needed. Specific chionanthus is as much king over diseases of the liver as morphine is king over pain.

In chronic asthenic cases, I prefer to combine it with specific euonymus i nequal parts or two parts specific chionanthus and specific euonymus one part. Dose 10 to 20 drops three or four times a day as needed. I fully agree with Dr. Henry in his doses of leptandrin and podophyllin and his plan of explaining to the patient a mild, tedious way which is very slow in making a cure and a distressingly sick short way of curing them. If this were not explained to many patients, there would be a change made in the doctor.

There is a time when heroic treatment is essential and no physician should hesitate to use such treatment when needed. This is why specific chionanthus will not answer in all cases, it is not adapted to heroic treatment. Dr. Henry lays great stress in arousing secretions with cholagogues and I fully agree with him.

He properly emphasizes the large dose and proves its superior value over the mild treatment which clinical experience will teach any close observing physician. It is absolutely essential to arouse the liver in most diseased conditions. I have used podophyllin with good results in most acute diseases, where the liver needed medicine and am convinced by clinical experience that it should always be given in large doses. I have used the second decimal trituration and found it always kept a patient sick enough to keep them disgusted with the treatment and did not accomplish my object, either. I have no use for the second decimal trituration of podophyllin which some writers claim is the only form in which podophyllin is absorbed. I think this is a mistake. Many physicians in the South and in Mexico and Central America have quit the use of calomel and use a pill or tablet which contains podophyllin gr. 1-2, ext. nux vomica gr. 1-16 and ext. hyoscyamus gr. 1-8.

Dose, one to eight pills or tablets at bedtime and a smaller dose each night as long as needed. This pill or tablet is a good substitute for calomel. There is an old doctor in this locality who is of the old fashioned botanic persuasion, a graduate of an old botanic college of Georgia, now out of existence, who has practiced about sixty years, who has used a liver pill in most everything he has treated for several years and admits podophyllin to be the main ingredient, but will not tell what the other ingredients are. This old doctor was considered an extremely successful physician and had an extensive practice. He told me that it was essential to get the liver acting well in all cases. His pills are called "seven-horsepower" by all people through here and are noted to be a powerful purgative. In my practice I use a compound which the people and the doctor's son-in-law say beats the "seven-horsepower" pills. It is equal parts of aloes, gamboge, blueflag (iris) and Culver's root (leptandra). Take this mixture thoroughly powdered and mixed and fill No. 00 capsules and take one every three hours; all the way from one to four will be sufficient for any case and they will do the work.

Dr. Henry does not seem to think that the theoretic Scudderites and pleasant medicationist are on the right track and I fully agree with him. Many of the modern Eclectics have borrowed entirely too much from homoeopathy and many of the so-called specific indications which are nothing but borrowed homoeopathic symptomatology have never been demonstrated by the Eclectics. Homoeopathic symptomatology is all right for homeopathic prescribing, but worse than useless for Eclectic prescribing. Prescribing should always be based on the pathological condition and not on some prominent symptom that can be present in a number of pathological conditions. Any experienced physician knows that symptoms, unless it is the totality of symptoms, do not always indicate what the pathological condition is.

Dr. J. M. French in his article "Scullycap and Lady Slipper," has the following to say in regard to lady slipper. "According to Ellingwood, the virtues of the plant are lost in drying, hence only fresh preparation of the root should be employed." If Ellingwood thinks this, he is mistaken. I have used an infusion of the dried powdered root of lady slipper with good results and it has been used in this way by many physicians ever since the days of Samuel Thomson, and with good results.

Dean Spring, Arkansas.

The Importance of a True Understanding of Therapeutics.

BY F. J. PETERSEN, M.D.

In the December issue of the Eclectic Review, an article entitled "Have Drugs Any Value," is of the right spirit. It is only ignorance of the action of drugs that can lead any physician to state that drugs have no value in the treatment of the sick. All honor

due to those who study drugs faithfully in a systematic manner, and thus assist in advancing therapeutics. Again those who neglect the study of this most important branch of medicine, even going so far in their ignorance as to openly denounce drug treatment, do not deserve the consideration or good will of any true physician. The writer has made the action of drugs a special study; in fact so much so that he has discarded all office appliances. Experience has taught me that I can do better work by studying drugs systematically and using them accordingly, than can be done with thousands of dollars worth of office supplies and a limited knowledge of drugs. By studying drugs in all their forms, the primary, secondary, and physiological action, and dispensing my own medicines, I am able to do work that it would be impossible to do otherwise. By watching closely the action of drugs we are able to tell if there is anything in them or not. To me it is a great study because I know that the true art of healing is drug treatment, if it is understood. The best drugs must be used to be successful. Experience tells me that our Lloyd's specific medicines are the best. For the higher potension the homeopathic dilution and triturations should be used while the lower can easily be made from Lloyd's specific medicines.

My drugs are arranged on graduated shelves, so that I can reach 350 remedies sitting in my chair while dispensing. In all I carry about 500 different drugs and make it a point to keep in contact with them. I rely mainly on the main basic indications and thus avoid confusion. Thus I am able to cure cases that cannot be reached any other way. Some patients require drugs in the primary form, others in the secondary, others in both, and in some few cases the full physiological action becomes necessary. To practice on these lines generally means success where those who only recognize the primary, or secondary or physiological action would fail. The mistake many physicians make in the study of drugs, is that they are satisfied if they know the use of a few drugs and failing with them, they condemn drugs. Others again rely on too many minor indications and failing, lose confidence in drug treatment and become confused.

Therefore, ignorance of the therapeutic action of drugs and their application is no excuse for denouncing drug treatment.

That proper drug treatment is the true art of healing is a fact. That electricity, violet rays, osteopathy, suggestions, baths, dieting and hydrotherapy have their use no one denies. That drug treatment, if well understood, is our main reliance is a fact that cannot be denied. By denouncing drug treatment and recommending suggestion as the best means of treatment of disease, physicians are playing into the hands of fakirs, Christian Scientists, etc.

One of the greatest evils in the medical profession is that many physicians and the schools in general, if wrong, will not admit this, or that the other fellow is right. The old school takes first rank

in this direction and many Eclectics and Homeopaths, even if much less so, are not entirely free from this feeling. This naturally results in ignoring the good in other schools or the ability of physicians of other schools. By acknowledging the curative power of drugs in both the primary and secondary form if they meet indications, and a thorough study along these lines we become less skeptical and more broad minded and as a result better practitioners. Following this we will become more and more interested in therapeutics and better able to understand what a beautiful study medicine is.

It should be remembered that the knowledge of the physiological action of drugs is important as it will enable us to recognize the physiological or toxic effects of a drug in our patients. Again the main physiological basic symptoms of a drug give us the key to the basic indication in its primary form in such drugs that have a so-called dual action. Comparative study of the primary, secondary, physiological and toxic action of drugs can be much simplified by a scale which the writer has drawn and which first appeared in the Los Angeles Journal of Eclectic Medicine, December, 1906, on page 255.

The scale explains itself and all those who are willing to study the action of drugs in their entirety, should be familiar with it.

In conclusion I wish to say that if we admit that drugs will have a stimulating effect on the patient or certain nerves and nerve centers, and again that other drugs have a sedating effect and in larger doses are depressing, we must admit that there is virtue in drug treatment.

Regardless of all this there are physicians who in their ignorance deny these facts and openly denounce or ridicule drug treatment.

Lompoc, Cal.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The Second Row in My Medicine Case.

Last year, under the general caption of "The First Row in My Medicine Case," I briefly considered twelve remedies which I deem an absolute necessity to the general practitioner of medicine. This year I propose to review the therapeutic uses of the twelve important drugs which constitute the second row in my buggy case. They are apis, apomorphia, bismuth, ergot, glonoin, ipecac, morphia, potassium bichromate, quinine sulphate, santolin, strychnine and veratrum viride.

APIS MELLIFICA.

The field in which apis exerts its greatest activity is not an extensive one, and yet it constitutes a medicament of no little importance to the general practitioner of medicine.

Apis is a most excellent remedy in many diseases of the bladder and uretha. In the treatment of suppression of urine it is a very efficient remedy, and in retention of urine, providing there is no organic obstruction, it is equaled only by santonin. In dropsies attendant upon the last stages of structural heart diseases, apis often affords much relief, and in dropsy following scarlet fever it is used with satisfactory results. In the dropsy of Bright's disease, and in that which sometimes occurs in the last months of pregnancy, it aids much in relieving irritation of the kidneys and bladder. As a pleasant diuretic in the diseases of children apis has no superior. I have employed it in many cases of incontinence of urine, accompanied by excessive irritation of the urinary passage, with unmistakably curative results. In gonorrhoea it is often an indicated remedy.

In skin diseases characterized by itching, stinging pain and puffiness of the tissues involved apis is a very efficient remedial agent, and in acute or sudden swelling, as edematous condition of the cellular tissue, such as is often seen in certain forms of erysipelas, it is one of our most useful remedies. If, however, there is a tendency to the formation of vesicles, *rhus toxicodendron* may be employed with the expectation of even better results.

The specific indications for apis most frequently seen are as follows: Constant desire but inability to urinate, the urine often being deep red in color; vesical or urethral irritation with scanty secretion of urine; itching, with burning of the surface, especially of the urinary passages and genitalia; hot, dry, burning, itching or stinging surfaces; puffiness of parts, especially of the mucous surfaces; a sensation of having been stung with or without edema; faucial or tonsillar inflammation with marked edema of tissues, which resemble bags of clear water.

The dose of specific apis (or a good tincture) is from 1 to 2 drops, but its best results are obtained by prescribing it as follows: \mathcal{R} Apis, gtt. v to xx; water, \mathfrak{z} iv. Teaspoonful every half hour to every hour.

Jaborandi.

BY JOHN ALBERT BURNETT, M.D.

Jaborandi was in my medicine case for a long time before I appreciated its uses. In fact, the way that I came to fully appreciate its therapeutic uses was that when I would run out of other remedies, while on my rounds in the country, where drug stores are very scarce, and use jaborandi for a substitute of some other remedy, and get results that I would notice being as good, or sometimes better, than if I had had the desired remedy on hand.

I was once called to see a patient— a man of robust constitution—

who had intermittent fever. As it happened, I did not have a febrifuge or diaphoretic of any kind with me, except Lloyd's specific jaborandi. I gave him four drops every hour to sweat the fever off, and it worked like a "charm." Since then I have treated him for fever, and he always wanted "that medicine to make him sweat his fever off." Since treating this man with jaborandi for fever I have used it in several other cases with good results. It is a valuable remedy to combine with specific gelsemium. In my opinion jaborandi will answer very well for many conditions in which *amphiachyris dracunculoides*, *asclepias tuberosa* and *crawley* are used. Of course, jaborandi is a toxic agent, while these three agents are not. Jaborandi and its alkaloid pilocarpine are said to be the most powerful diaphoretics in the materia medica, and as these other remedies are used mostly for their diaphoretic action, jaborandi makes a very good substitute for them in most conditions. I use and prefer Lloyd's specific jaborandi in place of the alkaloid pilocarpine as it has the same effect and is more convenient and cheaper to use; and it is a fluid, which is another advantage, for fluids are beyond all doubt more active and more quickly absorbed. Most people in my practice prefer what they call "drops" to pills, tablets, etc. I find some people cannot take pills or capsules. Where competition is keen, and a physician is building a practice, the taste and form of his medicine cut some figure. Jaborandi can be used in all sthenic fevers, where a diaphoretic and sialagogue is needed, that is, in cases where the skin is hot and dry and the mouth dry, or not as moist as it should be.

I have used jaborandi in several cases of erysipelas. I give it in doses large enough to cause free sweating, then quit it until the next day, when it should be used the same way again if necessary. I believe it is our best internal remedy for erysipelas. It should be used even in asthenic cases, same as in others, and after free sweating in asthenic cases, follow with tincture of chloride of iron. When used in erysipelas, or anything else, enough must be used to produce results.

Another purpose for which I have found no drug that will begin to compare with jaborandi is for women after confinement, who do not give enough milk. If jaborandi had no other therapeutic use except this, it should be carried by every general practitioner. I delivered Mrs. G. of a medium sized girl baby. She was a medium sized woman with well developed genitals. After she was delivered I found that she had practically no breasts at all. They did not seem to be over skin-deep. I felt sure that she would not be able to nurse her child and told her so. She said that one child she was unable to nurse at all, and for another child she had been able to supply partly enough milk for its nourishment. I gave her two drops of Lloyd's specific jaborandi three times a day for a few days and to my surprise, and the family's surprise, she soon had a plenty of milk. I have used jaborandi for this condition several times with good results each time, but the above case was the most hopeless case that I have ever used it in.

Jaborandi is useful in various other diseases, and especially so in many skin diseases.

Dean Spring, Ark.

Eclampsia.

Dr. Lewis M. Gaines, in an article published in the *New York Medical Journal*, summarizes the treatment of eclampsia in part as follows:

“(1) *Drugs.*—(a) Chloroform. There is a great difference of opinion as to the routine employment of chloroform, but judging by the published results, there seems to be good reason for discarding the routine employment of chloroform, for, in view of its disadvantages, its use seems irrational, and it has not been proven by experience to lessen the number of fatalities, even though the number of convulsions is decreased.

“(b) Chloral. Chloral is given with practically the same end in view as chloroform.

“(c) Morphine. The most serious objection to morphine seems to be that it interferes with elimination. As a matter of fact, the only two channels embarrassed are the lungs and the bowels. The interference with respiration is usually not marked, while bowel action may be obtained in spite of the drug, particularly by flushing, as advocated by Porak. If one may depend upon published results, morphine appears to have a distinct value.

“(d) Apomorphine. Recommended by some physicians as of special value in stopping the convulsions without producing any of the untoward effects of morphine.

“Owing to the instability of the drug, care must be taken to secure a fresh supply from a reliable druggist whenever it is used.

“(e) Veratrum viride. The claims made for this drug by its enthusiastic advocates seem to fulfill all the conditions, and if they could be proven real in all cases, would raise it to the rank of a specific. It is asserted that by the administration of veratrum viride the blood pressure is lowered by dilating the arteries and depressing the heart, activity of the skin promoted, the temperature lowered, diuresis accomplished, and the cervix relaxed. It is advised to be given hypodermically in a twenty-minim dose, followed by ten minims every half hour till the pulse is sixty or below. It is stated that there is no recorded fatality from veratrum viride poisoning when it is thus administered, though there may be tumultuous heart action if the patient is not kept in a recumbent posture.

“Veratrum viride is largely used by the profession in general in this country, and certainly deserves recognition as a therapeutic agent of value.”

Smaller Doses in Syphilis.

In an article on the treatment of syphilis, recently published in the *Therapeutic Gazette*, Dr. H. Fox presents some interesting facts, which afford additional evidence that the trend of the entire medical profession is toward a more rational treatment of the wrongs of life. The doctor closes his able article as follows:

If the physician recognizes the fact that syphilis usually tends to run a mild course, that the patient as well as the disease should be treated, and that hygienic measures can never be wholly supplanted by medication, then will he find that in the treatment of this disease the very best results can usually be obtained by very moderate doses. In the days when the value of mercury was estimated by the pints of saliva that poured out of a patient's mouth as his head hung over the bedside it was a very serious affair to have the pox. At least it must have been a most serious and distressing experience to have been treated for it by one of the physicians of that time, all of whom believed in combating the disease vigorously.

From that day to this (and the fact is well worthy of note) the dose of mercury has steadily lessened. A generation ago, nearly every patient was mildly salivated, and even now some physicians believe that the drug should be pushed until the gums are slightly affected. Those who have opposed the use of mercury, and others who have pinned their faith to infinitesimal doses, have treated syphilis successfully, which only goes to show that nature will often cure a disease in spite of the doctor, and that possibly an unnecessary amount of mercury is still being prescribed.

Some have claimed that during the past three hundred years there has been a change in the type of the disease, and that it is no longer the virulent affection that it was in former times. Proof of this is entirely lacking, but one thing is quite certain: there has been a change in the type of the physician, not merely in the past three hundred years, but in the past thirty years. The horrible ravages of the disease, which were so common a generation or more ago, are no longer seen in our hospitals and clinics, and the student of to-day can only learn of them through descriptions or portraits.

But there is still room for more improvement in the type of the physician who undertakes the treatment of syphilis, and the disease will yet appear still more benign when he trusts more to nature and less to drugs, and realizes that the injudicious treatment of syphilis may sometimes prove even worse than the disease itself.

Scopolamine Causes Death.

The fact that the new anesthetic—scopolamine—is a very dangerous drug has on several recent occasions been clearly demonstrated. Great caution should, therefore, be exercised in its employment. Perhaps it would be the wiser course for the general practitioner not to

use it at all. In referring to a recent death caused by its employment, the *Medical Press and Circular* says:

"Dr. Rys, of Vienna, desired to remove a lymphoma from the neck of a youth, aged 16, for which purpose he narcotised by injecting half a syringeful of a solution of scopolamine and morphine, which would contain about a quarter of a grain of morphine and 1-100 of scopolamine. After the injection the boy went to sleep, but the pain of the operation speedily awoke him. In the course of an hour another injection was given and the operation completed with a little chloroform as he was very restless. The operation being over, the boy went to sleep, having received 2-3 of morphine and 1-50 of scopolamine. He slept quietly till four o'clock the following morning, when the nurse aroused the indoor physician to come at once, as the boy was having fits or convulsions, and she said he had never been awake since the operation the day before. The doctor found the lad in a deep sleep with reflexes of body quite active, though absent in the cornea, and the pupils acting sluggishly. At short periods tonic convulsions were observed, breathing irregular, temperature 40.9 Cent., and pain on pressure over the body. To relieve the convulsions tincture of musk was injected with the desired effect of checking the spasms. The boy still slept, but the pulse was now very feeble and more rapid. The physiological solution of salt was injected to the extent of 500 grams, which improved the pulse for a time, but it speedily relapsed again into the weak condition. The salt solution was injected three times more with temporary improvement, while musk was used in the intervals, but the breathing still became weaker, which half an hour's artificial respiration did not improve. In spite of every effort the boy died about eleven o'clock or twenty-four hours after the operation."

Lycopodium Clavatum.

This remedy—commonly known as club moss—constitutes a useful medicament in many abnormal conditions. The leading indications calling for its exhibition are: extreme sensitiveness of the surface; slow, painful boils, nodes or chronic swellings; derangement of digestion, with loss of appetite, flatulency, acidity and constipation; chronic catarrh; urinary incontinence; vesical catarrh; painful urination; uric acid gravel.

A powder made of the fine sporules of lycopodium is very useful and effective as a dusting powder for chafings and many eruptions, especially for children.

The dose of specific lycopodium is from 1 to 20 drops, but it is usually prescribed as follows: \mathcal{R} Lycopodium, gtt. v. to xx; water, \mathfrak{z} iv. Teaspoonful every hour.

A "Luxation."

The following evidence of the wisdom behind osteopathy is vouched for by the *St. Louis Medical Fortnightly*:

"A City Dispensary doctor on responding to a call to examine two 'doctors' at their office, found that they had an eruption that was beyond suspicion. Questioning developed that they had been 'treating' a child for such an eruption which they had diagnosed as due to a 'luxation of one of the dorsal vertebra!' Investigation showed that the child and its doctors had smallpox, and they were sent to quarantine. It is safe to say that these osteopaths will hereafter have a belief in something other than dislocation, when they see this form of eruption, but what of the community while others are learning the lesson."

 Truisms.

It is not prescription building the student needs, but knowledge of the action of drugs in health and in disease.

The man who knows how to use drugs and uses them will get better results than he who knows little of them and decries their use.

When a man says there is nothing of value in drug therapeutics always add, so far as he knows, and you will be right.—*Clinical Medicine*.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Los Angeles in June, 1907. E. H. Stevenson, M.D., president; J. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1907. A. E. Broga, M.D., president; E. H. King, M.D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearlstien, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. Electa A. Brown, M.D., president; Pitts Edwin Howes, M.D., secretary.

National Eclectic Medical Association.

I wish to call attention to our meeting to be held at Los Angeles, Cal., in June. A rate of one fare for the round trip has been granted, the lowest to my knowledge, to the western coast for years. It is my intention as soon as routes are definitely fixed to announce the rates from central points in various sections of the country. I, with the assistance of Drs. Howes, Scudder and Ellinwood, am endeavoring to arrange a route or routes that will require the shortest possible time and least expense consistent with the

greatest amount of information and pleasure obtainable. If you have any suggestions along this line please write as I will greatly appreciate your interest in the matter.

H. H. HELBING, Col. Sec'y.

Los Angeles in 1907.

Last month we left our party on their arrival at Los Angeles, to spend four days at the meeting of the National Eclectic Medical Association. During these days there will be opportunities for those who wish to visit the ostrich farms, Pasadena, Long Beach, and ascend Mt. Lowe by means of the most wonderful electric railroad in existence. All these places are in close proximity to Los Angeles and may be seen without the expenditure of very much time or money.

The meeting over, we are ready to take our departure and spend the night at Santa Barbara at the famous Potter Hotel. Our stay is of sufficient length to give all a chance to see the old Santa Barbara Mission and enjoy to some extent the loveliness of this far-famed spot.

Saturday, we leave for Oakland, over the Coast line, at which place we arrive late Saturday evening. Four days will be devoted to San Francisco and its surrounding attractions. While here, all who may desire may be taken to the famous Witter Springs Hotel in the Lake County—the most magnificent resort in California. This point is reached by rail and a twenty-mile tally-ho ride over the mountains. The latter part of the journey will bring us in closer touch with California's attractiveness, perhaps, than any other portion of our trip.

On Wednesday night we take the train for Portland, Ore., riding over the world-renowned "Shasta route." Those who have seen its beauties will need no urging to make a second trip, while those who have not, should prepare themselves for scenes of remarkable grandeur, combined with railroad engineering of wonderful skill and daring.

Arriving at Portland early Friday morning, we immediately transfer to the cars for Seattle, at which destination we are due about the middle of the afternoon. Those who were fortunate enough to be in our party ten years ago, well remember the royal welcome extended to us by the Eclectics of this thriving and enterprising city. They will want to greet anew the old faces and see what giant strides this commercial port of the Northwest has made in the past decade. Late in the evening we embark on the steamer which plies between Seattle and Victoria, B. C.—the capital of British dominions in the western portion of Canada—where we are due at 7.30 Saturday morning, June 30. Twenty-four hours will be given to this beautiful spot and Hotel Driard will be our headquarters.

The next morning we embark on the steamer for Vancouver. There the steamer trip will prove a delightful break in our travel by rail and afford us the pleasure of riding over beautiful Puget Sound with its many attractive beauties. Late in the afternoon we board the train for our ride over the Canadian Pacific Railroad.

There is so much to be said concerning this part of the trip that it will be left for next month. At that time, it now looks as if we should be able to state, definitely, the exact cost of this most delightful and instructive trip to the Coast and return, through the most remarkable portions of our great country.

Every one who reads these lines should do their utmost to join the party and reap the benefit of what it offers. As long as memory lasts you will receive dividends upon the outlay in living over again the enchanting scenes and the joyful recollections of your great trip in 1907.

Texas Eclectic Medical Association.

My Dear Doctor.

The Texas Eclectic Medical Association desires to send a large representation this year to the National Eclectic Medical Association. The National meets in Los Angeles, Cal., in June, 1907. The rates will be approximately one fare for the round trip. If enough Texas Eclectics will go we will charter a car and all go together. It is important, though, that we know who and how many will go so we will know whether or not to charter the car and how to route it.

At present our plan consists of chartering a car in Sherman and routing it via Dallas, Forth Worth, Waco, Houston, San Antonio and El Paso, and taking all the Eclectics along the route with us. We want the assistance and co-operation of every Eclectic in the state, and we want you and your family and friends to go with us. You will miss "the time of your life" if you don't.

If you contemplate going please notify one of the delegates (Dr. C. E. Frazier, Weatherford, Texas, or Dr. J. W. Watkins, Luling, Texas) as soon as possible so that accommodations may be arranged for you. You will appreciate the vast amount of work connected with a trip of this kind, therefore I know you will aid us with a prompt reply to this letter.

Come and bring the folks with you; they will enjoy the trip, and you need it, it will brighten you up and give you a fresh start.

Expecting to hear from you soon in regard to the trip, I am,

Very fraternally yours,

C. E. FRAZIER, M.D.

P. S.—Arrangements can be made to meet others coming via the southern route at Houston or San Antonio, and over the Santa Fe or Rock Island at El Paso.

Eclectic Medical Society of the City and County of New York.

December 20, 1906.

The Eclectic Medical Society of the City and County of New York held its regular monthly meeting in the college auditorium at 9 P. M., President V. Sillo in the chair.

The minutes of the previous meeting were read and approved.

Communications were received from Dr. E. B. Foote, Jr., one thanking the society for the resolutions of sympathy it expressed on the death of his father, and one regretting his inability to be present at the last meeting. Dr. Foote expressed himself in favor of any action the society might take in sustaining and uplifting the cause of Eclecticism; he was in favor of maintaining the present three (3) board system.

The communications were ordered to be placed on file. Dr. M. Scimeca presented for clinical examination a young man, age twenty, with swelling of the scrotum, which had troubled him for ten months.

Dr. Boskowitz examined the case, and declared it to be hydrocele, which was the concurrent opinion of those who subsequently examined it. Dr. Boskowitz recommended for treatment, tapping, and the injection of thuja.

Dr. A. W. Herzog read his essay, "On the Stand," which treated of the conduct and attitude of the physician in the courts in medico-legal cases. From the essayist's experience, he recommended the physician never to become a witness if possible, but rather become an advocate in the case. The essayist was complimented on his paper, and a unanimous vote of thanks was given to him.

The secretary read his annual report, and on motion it was accepted.

The treasurer read his annual report and it was referred to the auditing committee.

The nominating committee presented the following names for election to office:

For president, Dr. C. A. Tyrrell; vice-president, Dr. W. H. Wyatt-Hannath; secretary, Dr. Charles Lloyd; treasurer, Dr. G. W. Thompson; for censors, Dr. O. A. Hyde, Dr. H. J. Birkenhauer, Dr. H. Scaison, Dr. W. L. Heeve and Dr. Carrie Brandenburg; all of whom were unanimously elected.

Drs. M. B. McDermott and W. J. Krausi were appointed installing officers, and they with appropriate remarks introduced the officers elected. On presentation to office Dr. Lloyd, the secretary, declined serving another year. The declination was referred to the nominating committee to prevail on him to reconsider.

Dr. Boskowitz reported the legacy of \$250 from the late Dr. E. B. Foote, to be used for special purposes of the laboratory.

The widow of the late Dr. Nordbrock has donated 150 books to the college library, and Dr. H. E. Waite has contributed sixty volumes of medical books to the library.

The subject of increasing the membership and the improvement of attendance was discussed by a number of the members, and a hopeful prospective is outlined for the future.

Drs. Krausi, Hyde, Villone and Thompson are to read essays on subjects to be announced hereafter.

On motion a vote of thanks was tendered to all the officers for their past year's services.

CHARLES LLOYD, Secretary.

New York Specific Medication Club.

The regular monthly meeting of the New York Specific Medication Club was held in the college parlors, December 13, 1906, President Brandenburg presiding. After roll call, the minutes of the November meeting were approved as read.

Dr. O. A. Hyde read an essay, entitled "Opium." The essay was discussed by Dr. Birkenhauer, who cautioned against the use of the drug in old people and children. He believes the after affects are most harmful, and uses other measures for the relief of pain. He does not use opium in any form in either pleurisy or pneumonia, fearing that it will lock up the secretions. Dr. M. B. MacDermott endorsed the remarks of the essayist, reporting many cases in which no untoward symptoms followed the use of the drug. Dr. Charles Lloyd finds opium in moderate doses a stimulant to the brain and nervous system. The indications for its use are a moist skin and open pulse. It has served him well in mucous diarrhoea and dysentery when used in small doses, say from half to one drop every half hour or hour. Myosis is a contra-indication for the use of opium.

Dr. S. A. Hardy uses opium in burns of children—he has never experienced bad results from its use. He uses the drug combined with bismuth and alkaline elixir in cholera infantum. Dr. M. B. Pearlstien has abandoned the use of opium in summer diarrheas of children. He finds opium beneficial in superficial neuralgias. A vote of thanks was extended to Dr. Hyde for his essay.

Dr. Brandenburg appointed the following members on the permanent literary committee: Drs. Krausi, Heeve, Stoesser, MacDermott and Skou. The secretary was instructed to notify absent committeemen of their appointment. The society then adjourned.

H. HARRIS, Secretary.

Book Reviews

The Minutes of the Forty-sixth Annual Meeting of the Eclectic Medical Society of the State of New York, held at the City Hall, Albany, N. Y., March 7 and 8, 1906.

This pamphlet contains the proceedings of a most interesting meeting, and the address of President Spooner in favor of the three boards of medical examiners. This address should be carefully read by every advocate of the present system of examination. Copies

can be obtained by addressing Earl H. King, M. D., secretary, Saratoga, N. Y.

Specific Diagnosis and Specific Medication, by the late John M. Scudder, M.D. 12 mo. 819 pages, bound in one volume. Cloth \$3. Scudder Brothers Company, 1009 Plum Street, Cincinnati, O., publishers.

This is a reprint of the two-volume edition of Professor Scudder's companion works, edition of 1880, bound in one volume for convenience. These books will be withdrawn from the market as soon as this small edition is exhausted.

Items

"Our readers will note from the new Antikamnia advertisement which appears in this issue, that The Antikamnia Chemical Company was prompt to file its guaranty under the new pure food and drugs act, their guaranty number being 10; which means that of all the food and drug manufacturers in the United States, only nine filed their guaranty in Washington before that of The Antikamnia Chemical Company. This shows the usual Antikamnia disposition to protect the dealer and prescriber of Antikamnia under the law and gives assurance of the absolute reliability of the Antikamnia preparations."

\$650 Medical practice for sale. \$650. Connecticut town of permanent population of over 1,600; summer over 3,000. Fine class people. Cash practice of \$2,000; good will; introduction; two horses, buggy, sleigh, harnesses, hay, feed, blankets, robes, etc.; several fine stoves, range, some office furniture, two bedroom suites, kitchen utensils, drugs, etc.; all for the small sum of \$650 cash. Practice can be increased to \$2,500 or \$3,000 by first class man. Very little competition, only one other M. D.. Nice nine-room house with all improvements, barn, etc.; pasture, garden; rents for \$20. Start right in making money. Apply at office for name.

The disclosure in the recent past of the fact that many preparations contain opiates or other habit-forming or depressant drugs has no doubt cast suspicion more or less upon all preparations, whether deservedly or not, especially upon those intended for nervous conditions. Neurilla has always been and is now free from "dope" of any kind, and the national pure food and drugs act should have the effect of reassuring any physician of doubtful mind regarding Neurilla, as we would scarcely guarantee such a statement in the face of the law. Dad Chemical Company.

Don't forget the Beachonian entertainment on January 23.

Shapiro, Wolf and Willis are well posted on the physiological action of phytolacca. Some green root having been brought to the class, these students each chewed a small piece and were affected like the woman who had just returned from Europe, and when asked how she enjoyed the trip, replied that "she was sick both ways."

Professor Bailie Brown has just published a book containing a resume of seventy lectures which he delivered before the Young Men's Christian Association of Jersey City.

There will be "something doing" on the evening of February 21.

Colonel Norman L. Dike, for many years a trustee of the Eclectic Medical College of the City of New York, was appointed to the bench by Governor Higgins.

We are glad to report that Professor J. H. Gunning is steadily improving in health.

The chemical laboratory has been entirely remodeled and looks fine. Drs. Nilsson and Baetz have given it very close attention this winter.

Keep your eye on Albany.

Dr. Charles Lloyd is now located at 413 Clinton Street, Brooklyn.

Sarah D. Koslow and Dr. A. A. Greenberg, married Sunday, December 15, 1906.

Los Angeles in June. Are you going?

Jennie Solomon and Dr. Frederick Hollander, married December 19, 1906.

The Journal of the Association of Military Surgeons is changed with the issue for January to "The Military Surgeon." It remains under the able editorship of Major James Evelyn Pilcher.

The fourteenth annual meeting of the Kings County Eclectic Medical Society will be held at the office of Dr. M. B. Pearlstien, 309 Hewes Street, corner Harrison Avenue, Brooklyn, evening, February 12, 1907.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. X.

NEW YORK, FEBRUARY 15, 1907.

No. 2.

The Necessity of Organization.

This is a day of concentration, merging and absorption in the commercial and industrial world—shrewd financiers assign as a reason that the power of combined capital yields a greater profit in consequence of its ability to purchase for less, sell for more and handle a greater volume of business. The idea is a union of a number of like industries in a common interest. In it is protected and strengthened the interest of each individual, and by each individual the whole—the reiterated lesson of the “bundle of sticks” put into practice.

It is well known—and sadly, to a few, perhaps—that the so-called regular school of medicine, after years of combatting and bitterly denouncing all Eclectics as quacks, irregulars and hated Samaritans, seeing the trend and probable accomplishments of our local, state and national organizations, became convinced that past methods of warfare and extermination had proved unsuccessful, so changed their tactics, becoming so infatuated with us that an aggressive attempt was inaugurated to swallow us, first individually and then collectively, openly acknowledging that Eclectics would prove more appetizing and delightful to the sense of taste than they had previously been to the sense of sight. The proposition, at first almost as tempting as the lap of Delilah to Sampson, beguiled a few who parted with their secret of strength by “disavowing” Eclecticism, which was the only perquisite for entrance to the regular embrace. But men who thought and viewed the proposition in its true light—grasping its entire meaning—saw no reason for merging or being swallowed just to be removed from some other man’s path, but realized the great necessity for the continued existence of the Eclectic school of medicine, which has done such wonderful work in the past in inaugurating reforms in practice, giving to the world an improved practice and a better materia medica, for which there was such a crying need. A hasty and erroneous conclusion upon the part of some that “it was

finished," superinduced a few to decide to lie down in a Regular stomach and experience the ordeal of attempted assimilation—others to become apathetic.

If allopathic energy and disaffection can accomplish its determined purpose in effecting our disorganization, while listening to the mellifluous strains of their flattering delusion, our destruction will have been wrought.

No, we will not be deluded, but as a school for whose practice individuals, communities, towns and cities are anxious and whose mission has not been completed and will not be finished until Regularism is merged into Eclecticism, we will go forward as the recognized progressive medical school of to-day. To this end every individual Eclectic should and must identify himself more closely with his local, state and national organization and work for its success, emphasizing by deed the established fact that he is a benefactor to his race. This perfect organization is necessary, it is imperative—our existence and perpetuation, our best interest hinges upon it. The idle twaddle that there is no difference now in the two schools is but the pretense of allopathy and a snare. Have typhoid fever, pneumonia or dysentery and try one of them and see how you behave while it works. Already some who were incautious enough to accept it and their proposition to join, are crying for a drop of water to cool their parching tongues.

Organization and continuous effort have accomplished all we enjoy to-day. In some states recognition on mixed boards, in other states we have boards composed entirely of Eclectics. This is but a natural result of organization and unremitting vigilance. In comparison note the condition in states where no organization exists—Eclecticism is unknown except in a few localities where the practitioner is so hedged about and embarrassed by regular environment and restriction that it is almost suicidal to announce himself an Eclectic.

Now, as our state meetings soon begin to be held for the year 1907 we urge each Eclectic and liberal physician to prepare a paper, a case or something to make the meeting of interest and profit. Hunt up and interest your neighbor and have him join you. When at the state meeting let an hour be devoted to the interest of the National, to convene in Los Angeles, Cal., June 18, 19, 20 and 21, 1907. See to it that a strong and well organized delegation is secured to go, enroll their names and issue credentials, elect a secretary who will correspond with Dr. Pitts E. Howes, Chairman Transportation Committee, as to best rates, routes, etc.; let him inform each delegate and all go. You will be bigger and better when you return and have a better and more appreciative practice.

Cordially, I am yours for Eclecticism and Los Angeles,

E. H. STEVENSON.

State Meeting.

The forty-seventh annual meeting of the Eclectic Medical Society of the State of New York will convene at Albany, Wednesday and Thursday, March 6 and 7, 1907.

You are urged to make an extra effort to be present at this session, as important legislative matters are confronting us and must be acted upon at this convention. No pains will be spared to make this an interesting and profitable session, to which end you are asked to prepare a paper.

Dear doctor, please let nothing interfere with your being present on this occasion and doing your part for the cause of Eclecticism.

Fraternally yours,

A. E. BROGA, M.D., President.

The One-Board Bill —Keep Active.

We are glad to note the fine response to the circular of the corresponding secretary of the State Society. The Eclectics of the state mean to oppose the one-board bill with vigor. The hearing before the joint committee will be on the 21st of this month. The Old School have circularized the state, so we must keep active to counteract their influence. Keep at your Assemblyman and Senator until you convince him that this bill is unfair, unjust and unnecessary class legislation.

Intuition.

Dear Doctor: I am not much used to writing on medical subjects—not at all used to it—but noticing the little editorial in the REVIEW on educating the senses, it struck me that intuition might be added to the list mentioned.

Doctor, did it ever strike you that medical men were directing all their attention to material ends, while human beings were tending toward the spiritual? And did it ever strike you that in distracted views, and in unbalanced minds, lay the seat of a large part of invalidism? Is the microscope and chemical analysis ever going to reach such conditions of mind? Or is the eye, the ear and the touch ever going to reveal the facts? I rather think they will not. What then should be done? I should say get nearer to the soul of the invalid. How will we get there? Cultivate the sense of touch, sight and hearing, of course, but the soul is not there. How will we reach the soul? Soul alone reaches soul. The senses help, but they will not do the work; we all know that. A finer sense needs to come in, and that sense is intuition.

Intuition is based, no doubt, on the senses, but it is not vitalized till the light from the spirit shines upon the sense knowledge.

Do doctors believe in spirit? Some do, I suppose, and some do not. Those who do not would turn this down; those who do may as well discuss it in their own minds, for ponderables will

never reach conditions that are imponderable. As much that the doctor meets in his daily rounds is imponderable, what is he going to do?

But I, being up in years and passing out of the daily routine of the physician's life—after many years of activity therein—do not much care what is done, only I have given the subject some thought and some application and am interested, though somewhat indifferent.

W. SHEPARD, M. D.

Shepard, Ohio.

Coughs.

This being the season when coughs of various kinds are more or less prevalent, a few moments devoted to their consideration may not prove profitless.

A cough is usually regarded as an indication of some wrong of the respiratory organs, but it often has its origin in some other part, as well as having some entirely different cause. For instance, there are many coughs which are caused by gastric, biliary and intestinal lesions, and from diseases of the nerve centers. An examination of a patient suffering from a cough should, therefore, be made with reference to these possible causes in obscure cases.

Cough is the expression of irritation, and comes from the sense of an irritant material in the respiratory passages, which it is intended to remove. Many times, however, there is nothing to be removed, the sense of irritation being a misconception of the respiratory nerves, which suffer from an irritation, and in such cases it must be determined whether or not the effort is to be favored. In the larger number of cases expectoration is undesirable, and if the irritation of the nerves be removed the cough ceases.

A little attention on the part of the physician will determine this point, as it is quite easy to distinguish the cough necessitated by increased secretion, and attended by expectoration, from the inefficient rasping cough of irritation. In either case, but especially in the last, an effort of the will is of marked benefit in checking the cough.

The condition of the respiratory passages is to some extent shown by the character of the cough. If dry, ringing or metallic, irritation, determination of blood and arrest of secretion are evidenced, and the remedies at once suggested are those which allay irritation, check determination of blood, and favor normal secretion. If moist, rattling, gurgling, or dull, stimulants to the respiratory passages, as well as remedies to relieve irritation, should be employed.

All coughs are more or less forcible, and also to a greater or less extent under the control of the patient. If forcible, not

under the control of the patient, or explosive, a wrong of the nerve centers may be suspected. This wrong is usually of the basilar brain, and remedies should be selected accordingly. Of course, such uncontrollable cough may result from local irritation, especially of the throat, but this will be readily recognized by the symptoms and inspection, as well as from the patient's sensations.

A cough has more or less evidence of strength, both of the respiratory organs and the body at large. The strong, well sustained cough may be a source of great annoyance, but it is an evidence of good vitality and a naturally good condition of the respiratory organs. A feeble cough, on the contrary, is an evidence of debility, and at once suggests the necessity of care in the conservation of life, and the employment of means which will give strength, including a judicious selection of foods. A cough may be feeble from deficient spinal innervation, and in such cases spinal stimulants will prove the best cough remedies.

Coughs are usually spoken of as short, hacking, deep, bronchial, etc., and these characteristics may suggest the locality of the disease. A short cough may arise from disease of the upper lobes of the lungs, or it may be due to disease of the parenchyma of the lungs, as in the first stage of pneumonia. The hacking cough evidences irritation, the respiratory nerves pointing to the throat. The deep bronchial cough is at once referred to lesions of the bronchial tubes, although it is not a positive evidence of such disease.

A cough may have its origin in irritation of any part of the respiratory apparatus, from the pharynx, larynx, trachea, bronchial tubes, parenchyma of the lungs to the pleura. As has been stated above the character of the cough may suggest the location of the disease, but as a rule it is not definite. Cough very frequently points in the pharynx, and the irritation of the throat seems to be its direct cause. Such a cough, however, is to a considerable extent based upon irritation of the respiratory nerves, and remedies directed to relieve this nervous irritation will prove the best cough medicines. In some other cases cough points about the supra-sternal notch, and if very severe and persistent, suggests the use of remedies which influence the sympathetic nervous system.

Coughs may be spasmodic and paroxysmal, even in severe cases showing epileptiform symptoms. Such coughs are not uncommon and suggest the use of antispasmodics. J. W. F.

Professor William Henry Wyatt-Hannath, M.D.

Professor William Henry Wyatt-Hannath, M.D., of 126 West 45th Street, died at his home on Friday, February 1, of blood poisoning. He was fifty years old. Prof. Wyatt-Hannath was born in England, was educated there and took orders in the Church of England. Twenty years ago his health failed and he came to America to recuperate. He

located in Cambridge, Mass., taking a course at Harvard, from which institution he graduated in 1883. He then went to Yankton, S. D., where for five years he was in charge of an Episcopal church. His next cure was in Roselle, N. J., where he studied medicine besides doing his parish work. In 1897 he was graduated from the Eclectic Medical College, and at the time of his death was professor of materia medica in that institution. Since graduation he had practised medicine, also keeping up an active interest in church work. At the time of his death he was in charge of Emanuel Church, Great River, Long Island.

Original Articles

Opium.

BY O. A. HYDE, M.D.

Read at the December meeting of the Specific Medication Club.

A description of this drug is unnecessary, as it is so well known. It is certainly the great analgesic. Its toxic effect amounts to depression of nervous system. The best antidote is probably permanganate of potash. Some years ago an article on this subject recommended as an antidote hot lager beer. Children are sensitive to the effects of opium, and do not take it well. Its power to arrest function of many organs renders its use at times dangerous; for example, in kidney disease, where it is only given in dose large enough to quiet nervous symptoms.

I have used opium considerably by local application, after first cleaning the skin thoroughly with water and alcohol. An old use is the application of laudanum to the temples for neuralgia. It may be added to fermentations. It has proved of benefit when applied to male perineum in spasmodic stricture of urethra; dry heat by hot bottle being placed external to the cloth saturated with laudanum. Combined with tr. arnica it has given favorable results in sprains. The combination with camphor need not be more than spoken of, as we all know of the many conditions where paregoric is useful. The well known hypodermic tablet of morphine sulphate $\frac{1}{4}$ -gr. and atropin sulphate 1/150-gr. is probably the best preparation for such use.

Its employment before as well as after operations has long been known; yet I have recently been informed that before operations it is not generally used in some of the large hospitals of this city. The giving of opium to patients immediately after injury, as in railroad accidents, was a few years ago discontinued in favor of nux vomica, strychnia and stimulants, unless great pain demanded opium or some of its derivatives.

Papine I have not found of much benefit, although it has been praised. In one case my patient had decided toxic symptoms from a moderate dose. I would not, however, repudiate the drug, from my limited experience with it.

Codeine has been very favorably received for relief of pain and

to produce sleep, especially for children after operations; the latter use being employed in one of the large children's hospitals in New York. Codeine $\frac{1}{4}$ -gr. doses every 4 hours has been given for cough in pneumonia, in several of the largest hospitals here. I have employed it for a long time and think it an excellent narcotic. The one objection to its use is the itching skin, or general pruritis, that sometimes occurs.

Herain, one of the most recently introduced opium derivatives, has quite a reputation in treatment of coughs and to alleviate pain. Very gratifying results have followed its use in coughs among my own cases. Even so minute dose as $\frac{1}{300}$ -grain giving remarkable ease in an infant; the dose given 3 or 4 times a day. Occasionally some heart depression may follow large doses, and its effects should be watched to guard against this result.

I wish to add here that Dr. Harry Loomis, of New York City, recently referring to the use of morphine in pneumonia, said: "I wish to make a plea for the more general use of morphine hypodermically in the early stage of invasion, a stage in very many cases accompanied by not only the shock to the nervous system from a sudden and overwhelming toxemia, but the distressing pain often amounting to agony of a pleurisy, associated with the development of the pneumonic process. The shock to the nervous system in many cases is intense. Patients generally rally from this condition, but often with a marked cardiac weakness. I believe if we made a routine practice of giving cases presenting these symptoms one or two full doses of morphine hypodermically we would not only relieve the pain but would minimize the nervous shock, and certainly, remembering how morphine sustains the heart, we will start our patient on the course of the disease in a very much better condition. Morphine later in the disease is but seldom required, and, in my opinion, must only be used then with the greatest care."

The relief of pain and relaxation of the muscular elements, both in the muscles themselves, as well as in the walls of the vessels, arteries, veins and lymphatics, facilitates or produces that equalization of circulation so necessary to the restoration of health, and which follows the proper dose of opium or some of its preparations, where it is not positively contra-indicated.

New York City.

Echinacea Angustifolium.

BY ANNA WILLS BLOOMER, M.D.

Read at the January meeting of the Specific Medication Club.

My experience with this drug, as with others, is limited, as compared to you who have been longer in the field; but I will tell you how valuable I have found it. Echinacea is alterative, stimulant, tonic, sedative and antiseptic. Its common name is hedge-hog, caneflower. It is specially useful in the strumous diathesis, old sores

and wounds; in snake and dog bites; gangrene, diphtheria, remittent and intermittent fevers, erysipelas, syphilis, typhoid pneumonia tonsillitis and in all conditions where you have infection and depravity of the blood. I use only the specific or normal tincture, and its uses have been regulated by the disease and the general condition of my patient, age, sex, temperament, etc. I have used echinacea in scarlet fever and in measles in combinations with aconite, hyoscyamus, zanthox, etc.; in diphtheria and tonsillitis internally with aconite and hydrastis and as a spray or gargle I use echinacea with solution of potassium chlorate. Another use I make of echinacea is in gynecology; in vaginal discharges with offensive disagreeable odor I use it in combination with zinc sulphate and hot water. It gives very prompt and gratifying results.

With your permission I will report a few cases in which I have watched the action of echinacea with great satisfaction. When I was in my last year in college I was called to a patient who had a badly lacerated and contused wound of the thumb and first finger. He had been petting a bulldog, and the dog tore the muscles and skin from the thumb and fingers. He went to the Hudson Street Hospital and the doctors there dressed the hand, told him to get full of whiskey and go to the Pasteur Institute the following day to have the hand dressed and get treatment for hydrophobia. He went as directed to the institute for three days, but never could find a doctor there, and when I was called the hand had been neglected, the dressing not having been removed for three days. At this time the odor was very disagreeable. I dressed the hand every day with echinacea and increasingly hot water, cutting away the ragged flesh and kept a wet dressing of solution of half ounce of echinacea to pint of boiled water. I also gave internally echinacea half an ounce, water four ounces, of this one teaspoonful every four hours. It was slow healing, but each day showed some progress, and I was satisfied that the treatment would cure. Many of his friends advised him to change, saying that his hand would never heal, but would have to be taken off. I told him that if he was at all frightened for the safety of his hand to consult another doctor. He went to the New York Hospital; they examined the hand and told him he had had excellent care, and advised him to continue with my treatment. In about five weeks the hand was completely healed and he has perfect use of his thumb and finger, and no hydrophobia. The second case that I wish to report was a case of the Dean's in which I assisted, and which gave me a chance to watch the action of echinacea, eclectic wash and increasingly hot water. It was a case of gangrene of the toes. This patient was about to be operated on by two leading surgeons of Brooklyn when he was recommended to Doctor Boskowitz, who by the careful and judicious use of increasingly hot water, zinc, and echinacea sprayed over the toes for about fifteen minutes to a half hour and then applications of

solution of echinacea and eclectic wash kept constantly on the foot removed the old black tissue, and very offensive odor and resolution took place and healed the toes completely in about eight weeks of this treatment. The patient is completely well and doing business every day at his office and no return of the gangrenous condition.

So you see the lesson we have to learn to-night is that by the careful, patient, judicious use of this drug, externally and internally, we may overcome grave conditions and get very grateful results; but to get these satisfying results the physician must understand the action of his drug, and when thoroughly understood and in intelligent hands the results are bound to be successful and satisfactory. I have just one other case I should like to tell you of which proves how careful we should be in prescribing echinacea from the local druggist. A patient brought me her little girl, who was bitten by a pet dog, but not very severely. I wrote a prescription for a solution of echinacea to bathe the wound. A short time after I was called in a hurry, and found the child suffering great agony. The mother told me that when she tried to bathe the hand the child screamed with pain, so I questioned her about getting the prescription filled and she informed me that the druggist said I had made a mistake in spelling the drug, that he had never heard of such a drug as echinacea, and that I must have meant ignatia, and that he had put up a solution of ignatia. Is it any wonder the child screamed, for the ignacea burned it like carbolic acid. As the mother was going out I waited for her, and we went together to the druggist. As soon as I entered the store he greeted me as follows: "Oh, how do you do, doctor, we have just got in that drug you ordered." When I questioned him about substituting ignatia for echinacea, he confessed he had never heard of the latter drug and thought I meant the former. So you see how much trouble it saves to give your own medicine, for many druggists are not familiar with our *materia medica*.

New York City.

Caffea Arabica.

BY M. B. MACDERMOTT, M. D.

Read at the January meeting of the Specific Medication Club.

Common name—Coffee.

Origin—From the seeds of *Caffea Arabica* and *Caffea Liberica*.

Natural order—Rubiaceae.

Part Used—The seeds.

Habitat—It is found native in southern Arabia, Abyssinia in the east and Liberia in the west coast of Africa.

It is cultivated in various parts of the tropics which offer a

suitable climate. Principally in the islands of Java and Sumatra, Hindostan, Ceylon, Arabia, Abyssinia and Liberia in the east, and in many parts of tropical America, chiefly Brazil, Venezuela, Guatemala and most of the West Indies.

Description—The coffee plant is a small evergreen tree or shrub bearing quite a resemblance to the cherry tree; grows from 15 to 30 feet in height in its wild state, but in its cultivated state it is pruned down to 7 or 8 feet to facilitate the gathering of its fruit, this twice a year. The bark is of a smooth, grayish color; the branches are numerous and opposite, the lower ones spreading, the upper somewhat declining, and gradually diminish in length as they ascend, so as to form a pyramidal summit which is covered with green foliage all the year round.

The leaves are 4 to 5 inches long and 1 to 2 inches wide, smooth and shining and of a dark olive green and glossy above, pale beneath and pointed on tip. The flowers are white, small, funnel-shaped and have a pleasant odor, not unlike jasmine, and stand in clusters in the axils of the leaves. The fruit is oval, large as a cherry, umbilicated at top; at first green, then red and ultimately when ripe a deep purple. Within, this fruit contains two seeds, which are plano-convex in shape, placed together by their flat sides, longitudinally grooved and surrounded by a paper-like membrane and enclosed in a yellowish-purple matter. These seeds, divested of their covering, constitute the coffee of commerce.

Coffea Liberica—Is a much more hardy plant than the *caffea arabica*. It can be grown at the sea level and is very productive. While the *caffea arabica*, to be productive, must be 2,000 to 4,000 feet above that level, the seed is much larger than the *caffea arabica*.

There are twenty-five species of the genus coffee, all of the old world and mostly of Africa. Several species are cultivated besides the two mentioned in this paper. Most varieties are of commercial value, and are named usually from the source from which they are derived.

The mocha coffee, which is in small roundish grains, takes precedence of all the others. Java comes next, and is highly esteemed, with the product of Liberia a close third.

Our chief supply comes from the West Indies and South and Central America. It is inferior in quality to the Asiatic and African varieties. When the fruits are ripe they are gathered and freed from their pulp by washing. The seeds are then dried and freed from their paper-like covering by passing them between wooden rollers and then winnowing. The seed then weighs about one-third of the ripe berries. Raw coffee has a faint aromatic odor, and a sweetish, slightly astringent and bitterish taste. The commercial varieties differ considerably in flavor, size and in shade of color. Coffee loses about 10% in weight the first year, principally moisture, the flavor being at the same time greatly improved.

Constituents.—The most important constituent of coffee (from a medicinal point of view) is its caffeine. The amount ranges from 1 to 2%; there is a variable amount of caffeeo-tannic acid, glucose and dextrine about 15%; fat (olein and palmatin) 13%; an equal amount of proteid—developed during the process of roasting the seed, and upon which the agreeable flavor of coffee depends: volatile oil (trace), ash. 5% (consisting of K., Na., magnesium, cal. carb., cal. phosph.), about one-sixth its weight of earthy salts, and 15 to 18% moisture.

The caffeine apparently exists free and partly with the caffeeic acid. Caffeo-tannic acid is present in all the plant, but caffeine exists only in the leaves and embryo.

Medicinal preparations of coffee and caffeine compounds and their doses: Tr. of green coffee, ʒi; sod. coffee, ʒi.

Coffee:—

Specific coffee	m. i-x
Fl. ext. green coffee.....	ʒss-iʒ
Fl. ext. roasted coffee.....	ʒss.-iʒ

Caffeine:—

Caffeine hydrobromide	gr. 1—5
“ hydrochloride	“ “
“ nitrate	“ $\frac{1}{2}$
“ phenolate	“ $\frac{1}{2}$
“ sulphate	“ $\frac{1}{2}$
“ citrate	“ 1—5
“ sodii salicylate	“ 1—5
“ sodii benzoate, hypodermically	“ $\frac{1}{2}$

Uses of Coffee.—Coffee is consumed in enormous quantities in the form of infusion or decoction all over the world. Its large consumption seems to depend on its pleasant taste when roasted. This taste is due largely to the “volatile oil” and to the fact that caffeine, which it contains, acts as a general stimulant.

Coffee is said to retard the waste of animal tissue, and in this manner it enables a person to live on a smaller allowance of food than is required by one who drinks water only. The idea is pretty generally believed that coffee drinkers work better and accomplish more than others who don't, while eating less.

I have frequently spoken to persons who have watched the effects of coffee upon themselves, who say they are capable of accomplishing more work on the same amount of food than when the beverage is not used; that the nutritive action of the food seems to be increased and digestion and assimilation more satisfactorily performed. It would therefore appear that if coffee is used with moderation it will assist digestion, promote intestinal peristalsis, allay the sense of fatigue and hunger and lessen tissue waste.

When used to excess it disorders digestion and causes func-

tional disturbances of the nervous system, causing headache, vertigo, mental confusion and heart palpitation and tremors. It increases secretion, blunts sensation, exalts reflex excitability, increases mental activity and may produce insomnia and great nervous restlessness. The tannin is the ingredient which enables it to produce dyspepsia.

The green coffee bean produces a very different effect from those of the roasted one, giving the action of caffeine alone.

The tincture of green coffee is an efficient diuretic, has powerful anti-lithic properties, and promotes the elimination of the poison of gout from the system.

Therapeutic uses.—Coffee or caffeine is used as a stimulant in collapse, and in opium poisoning, as it has a powerful effect on the respiratory centers which are depressed by opium. By stimulating the intellectual centers in the brain it keeps the patient awake and therefore does not allow him to “forget to breathe.” If it cannot be swallowed it ought to be given as hot as can be borne per rectum.

It is largely employed by some physicians as a cardiac stimulant in case of heart failure. Its effect upon the heart's action and rise of arterial tension is probably due to its stimulation of the nervous system, rather than on the circulatory apparatus. It is one of the few direct powerful diuretics that we have, in that it increases the urinary flow, not only by stimulating the circulation and so increasing the supply of blood to the kidneys, but it also stimulates the secreting functions of the uriniferous tubule, and so increases the amount of solids eliminated in the urine.

Caffeine has not a very extended field of usefulness, but is a valuable stimulant in many forms of nervous and cardiac depression, and has proved valuable, according to Dr. Mays, in:

Headaches of a neuralgic type, the pain being generally on top of the head Caffeine gr.i. q. $\frac{1}{2}$ h., or fl. ext. of green coffee m. xx. q. 2 h.

Choleraic diarrhoea and that of phthisis.—It checks exosmosis by stimulating the depressed nervous apparatus.

Dropsy, renal or cardial.—It acts as a diuretic and card. stimulant.

Cervico-brachial neuralgia.—Hypodermically gr. i, increased relief.

Lithemia and gout.—Tinct. of green coffee has marked diuretic and antispasmodic action.

Insomnia of chronic alcoholism.—Caffeine gr. $\frac{1}{2}$ hypo.

Asthenic fevers.—Use in place of alcohol.

Intermittents.—Coffee has a curative reputation among the inhabitants of the Philippines, which is corroborated on authority of physicians.

Asthma.—If not used habitually, coffee is valuable in the paroxysm.

Opium narcosis.—Strong black coffee to antagonize the increasing torpor of the nervous centers, or caffeine hypodermically.

Neuralgia of any kind, sciatica, etc.—Caffeine $\frac{1}{4}$ to $\frac{1}{2}$, q. 2 h. until relieved, given hypodermically.

Locomotor ataxia, lumbago, etc.—Caffeine has been used with prompt benefit without producing any narcotic effect.

Indications and Uses of Neutralizing Cordial.

BY GEORGE W. SCHAEFER, M.D.

Read at the January meeting of the Eclectic Medical Society of the City and County of New York.

Neutralizing cordial, alkaline elixir, syrup rhei et potassae comp., syr. rhei comp et potassae, or if made with sodae syr. rhei comp. et sodae, is, without doubt, one of the best combinations of drugs the physician of to-day can rely on to help him in many difficulties.

The origin of neutralizing cordial is from an old formula of Dr. Beach, known as neutralizing powder, which contained equal parts of rhubarb, bicarbonate of potash and peppermint leaves, and the dose was a heaping teaspoonful to a cup of hot water. But, as with many good things, there are many doctors and manufacturing druggists who try to improve on the old and original formula. Dr. King formulated the first liquid mixture and added hydrastis, cinnamon, sugar and brandy. Then Hill, Locke, Clark and others used the same ingredients, but prepared them in different ways. Some of the improvements made on the original formula are valuable, while others are really harmful, for the addition of artificial ferments or digestants have rather a tendency to injure the compound, and, in my opinion, the plainer and simpler the combination, the better the result. The only drug that may be added to the cordial with advantage is glycerine, for in mixing fluid extracts the addition of one drachm of glycerine to the ounce will make a clear mixture, and prevent the precipitation of resins. In mixing, use your glycerine and fluid extract and cord. first, shake well, then add your water or other vehicle.

In making neutralizing cordial I employ the percolation process without the aid of heat. The formula and process are as follows: Rhubarb 10 $\bar{3}$, hydrastis and cinnamon of each 5 $\bar{3}$, all ground to a moderately coarse powder; bicarbonate of potash 10 $\bar{3}$, granulated sugar 12 lbs., 75% alcohol, 2 $\frac{1}{2}$ gals. oil peppermint 1 $\bar{3}$, and water q. s. to make 5 gallons.

Mix the rhubarb, hydrastis and cinnamon and moisten with a pint of the 75% alcohol, pack in a cylindrical glass percolator, saturate with another pint of the menstruum and macerate from 24 to 48 hours. Gradually pour on the balance of the menstruum

and allow to percolate through slowly (this may take two or three days). Rub the bi-carbonate of potash to a powder in a mortar and add to the percolate, agitating it thoroughly. The oil of peppermint is then rubbed up with about an ounce of sugar and added to the mixture. The sugar is then converted into a thick syrup, by the addition of two quarts of water and heated. Immediately mix the two liquids together and again mix thoroughly. Cover up the mixture and allow to stand until cold. Then allow enough water to pass through the percolator until the entire product measures five gallons. Agitate daily once or twice for a week, and allow to stand stationary for a month, after which it may be filtered, if necessary. You will notice that I do not use as much sugar as some formulas call for, which was suggested by Dr. G. W. Boskowitz some years ago. There is one reason why sugar should be used, it makes the cordial a pleasant medicine for children to take, and also disguises the taste of the potash. Again too much sugar is liable to set up fermentation of the alimentary tract. I use a 75% alcohol in place of the brandy called for in the old formulas, as all brandies are not alike in strength and purity. The rest of the formula is practically the same as the Eclectic fathers used, except that I use heat only to convert the sugar into syrup, for if heat is used in making the menstruum some alcohol is lost by evaporation.

The uses of neutralizing cordial are many and varied, and in my daily practice I hardly ever prescribe a mixture without adding neutralizing cordial. For children it is, without question, the finest remedy we have for all ailments and diseases. No matter how young the child, it cannot do harm, and you cannot give an overdose. Its action is stimulant, laxative, stomachic, sedative, digestant, etc. Neutralizing cordial given to an infant in doses from 2 to 15 drops, well diluted, two to four times a day, acts as an elegant appetizer, and in half to one-drachm doses acts as a laxative cathartic. It will positively relieve and stop all colics of the alimentary tract, and is far better and safer than all the opiates that you can give. When you get a patient with an old-fashioned bellyache or colic (which cases are frequently diagnosed as appendicitis), give a half ounce of neutralizing cordial to a cup of hot water (repeat in half hour if necessary), and you will be surprised at the result. Or, if you have a case of ptomaine poisoning or auto-intoxication, or any other pain or ache in the stomach or bowels, try this remedy with hot water, and you and your patient will be gratified. They may not be able to retain the first dose or doses, but persist in repeating and the results will be all that you wish for.

When I say hot water, I do not mean warm water, but boiling hot. Feed it to them with a teaspoon, so that it will almost sear the tongue and mouth to swallow it.

Uncontrollable vomiting, due to some unknown cause, sour stomach, alcoholic stomach, the belching of gases in flatulent colic, spasms or cramps, or any other kind of an ailment of the stomach, with or without a bad taste or eructations of food, which may be due to indigestion or other intestinal irritations, try neutralizing cordial and hot water as above.

In nausea or vomiting, and diarrhoea in children, with green discharges, it is specific, and in so-called ice-water dyspepsia it acts like a charm. For an habitual alcoholic, who must have his "drink" before breakfast to settle his stomach and nerves, there is nothing better than one or two ounces of neutralizing cordial without water.

I wish to relate a case, the diagnosis of which was at first uncertain: Being called in to a Mrs. H——, who complained of a severe pain in the region of the appendix, and, according to her positive ideas, there was nothing else to do but to immediately make arrangements to have her shipped to the hospital and perform appendectomy.

I had difficulty in examining the patient, as she felt very much annoyed to think that I would not take her word (that she had appendicitis), but finally in examining her, it appeared to me, that there was an obstruction of feces or gases in the ileo-cecal part of the intestines.

Neutralizing cordial appeared to be the indicated remedy, and in these particular cases can be classed as an emergency remedy.

I accordingly prepared an half ounce of cordial to a cup of hot water and induced her to take it. Ten minutes later she said the pain was easing up, and I repeated the dose, a short time after which the pain gradually subsided. Then I gave her a high enema of milk and molasses, which she retained about five minutes, after which she passed a quantity of black, hard, marblelike lumps, showing impacted feces, and a lot of gas. I left some cordial with instructions to give her teaspoonful doses in hot water if the pain should reappear. Next day I found the patient better but a little weak. But for the neutralizing cordial, this would have been undoubtedly a case upon which appendectomy would have been performed.

Neutralizing cordial is positively a cure for summer complaint in children. I have had numerous cases, some very severe, and my results have been always good. In this class of cases I combine bismuth subnitrate and a good preparation of chamomile.

My usual prescription reads as follows:

Neutralizing Cordial	℥ss.
Bism. subnitrate	℥iii.
Spec. med. authemis (Lloyd's) ..	℥i.
Aqua dist. q. s.....	℥iv.

M. Sig. ℥i every 2 hours in water.

The reason for giving large doses of the bismuth subnitrate is that it is presumed to coat the walls of the stomach and intestines and prevents irritation. The chamomile acts as a diaphoretic, carminative, and prevents spasms or convulsions.

I usually change the diet to Robinson's Barley with a little lime water added for a few days, and then put them on a prepared food like Horlick's Malted Milk or Eskay's Food.

The cordial is also an excellent vehicle for bad tasting medicines. For instance, if you rub up to 15 gr. of quinine to an ounce of neutralizing cordial in a mortar, the quinine becomes practically tasteless. This is a better mode of administering this particular drug than with Aromatic Yerba Santa syrup.

When KI disagrees with your patient, add some neutralizing cordial to your mixture, and it will positively overcome the difficulty. The same can be said of all sodium or potassium salts. Acids should not be mixed with neutralizing cordial, as it makes an incompatible mixture. This is also true of the alkaloidal salts.

Flatulence can be easily overcome by the addition of a few drops of the essence of peppermint. In large doses neutralizing cordial is an excellent remedy in obstinate or chronic constipation, in old people especially, where piles are in evidence. In pregnancy it is an ideal laxative, as it produces a good movement of the bowels without griping, and has a tendency to remove fecal accumulations more than watery discharges. In all forms of diarrhoea or dysentery, and during convalescence of typhoid and other fevers, there is nothing that can compare with neutralizing cordial.

In these days of "bargain day" shopping, where the women folks maul and push each other about, and spend a good deal of nerve force, sometimes forgetting about meals, and finally becoming exhausted and on the verge of nervous prostration, there is nothing that will act better and quicker, as a general tonic and rejuvenator of the entire system, than a good dose of neutralizing cordial, well diluted.

It also acts well in hysteria, and in nervous patients, by improving their general nutrition and assimilation.

You will notice that in prescribing neutralizing cordial, I invariably have it well diluted with water (usually hot), as I think dilution has a greater tendency to increase the absorption.

Brooklyn, N. Y.

Ampelopsis Quinquifolia.

BY JOHN ALBERT BURNETT, M.D.

The common names for *ampelopsis quinquefolias* are vitis quinquefolia, American ivy, woodbine, Virginia creeper, five-leaves, false grape and vigne vierge.

The most common of its common names is American ivy. This remedy is not very well known to many physicians, but is a

valuable alterative tonic astringent and expectorant. It has been found to be very valuable in dropsy by promoting absorption. According to Cook, it acts on the glandular system in general, including the lymphatics, and exerts quite an influence on the salivary glands and mucous membranes, and some on the kidneys. In some forms of bronchitis and other pulmonary diseases this remedy has proved to be of value. It is an old remedy for scrofula and syphilis, but in these conditions it is usually associated with more stimulating alteratives, as stillingia. Cook recommends the following: *Trifolium* and *ampelopsis*, each four parts; *stillingia corydalis* and *berberis aquifolium*, each two parts, and *xanthoxylum* bark, one part. He does not mention the dose, but says: "I have used this formula liberally in my own practise and am justified in urging it upon the attention of the profession for degenerate ulcers, scrofula and secondary syphilis—having known it to soften and remove gummata without any use of the weakening potassium iodide. I name it *trifolium* and *berberis* compound."

In another place Cook says: "A favorite compound is *rumex*, four parts; *celastrus* two parts; *scrophularia* and *ampelopsis*, each one part." He does not give the dose of this compound. To increase the action of the kidneys, combine *aralia hispida* with American ivy. *Ampelopsis* has been thought to be of some value in the cure of the alcoholic habit. Dose of fluid extract, 10 drops to a drachm.

Dean Spring, Ark.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The Second Row in My Medicine Case.

II. APOMORPHINE HYDROCHLORIDE.

Although this remedy is not as frequently needed as many other drugs are, it should find a place in the medicine case of every practitioner of medicine, for cases are occasionally seen in which apomorphine is an absolute necessity—cases which might result fatally before the needed remedial effect could be obtained from any other drug.

This remedial agent is the hydrochloride of an alkaloid obtained from morphine. It occurs in grayish-white, shining crystals, has a slightly bitter taste, and acquires a greenish tint upon being exposed to the air. It is soluble in about forty parts of water. It should be kept in small, dark, amber-colored vials.

In all cases in which prompt emesis is necessary apomorphine is the most efficient drug known to the medical profession. In from

five to twenty minutes after it has been administered—according to the amount used and the manner of its employment—vomiting occurs, and in some instances is repeated three or four times at intervals of fifteen or twenty minutes. The emesis is preceded and attended by but slight nausea and followed with little depression. Apomorphine is a direct or systemic emetic, and in so far as its systemic action is concerned it should always be remembered that it is a derivative of morphine. One of its great merits in addition to its rapidity of action is the ease with which it can be administered in cases where swallowing is difficult or impossible. It is, therefore, exceedingly useful in cases of poisoning. In morphine poisoning, however, it is contra-indicated. An occasional case of poisoning is seen in which the vagus is so blunted by the poison that apomorphine fails to produce emesis. In acute inflammation of the stomach whenever an emetic is required this drug is preferable to any other emetic. When given as an emetic apomorphine should always be administered hypodermically, and the solution should always be freshly prepared. Like some other systemic emetics—ipecac, for instance—apomorphine in very minute doses will often relieve persistent vomiting.

In acute bronchitis apomorphine, in doses of 1-40 grain to 1-20 grain, given by the mouth, is a very efficient remedy. It is also exceedingly useful as a means of relieving the dry, hacking cough of chronic bronchitis, chronic catarrhal pneumonia and tuberculosis. When used as an expectorant it should always be given by the mouth. In administering the drug to children a considerable care should be exercised, as they do not always bear it well.

Large doses of apomorphine stimulate the brain, and have even caused delirium. It has frequently caused unconsciousness, and in some cases convulsions have been produced by very large doses. Small doses have no marked effect upon the circulation, but full doses increase the rapidity and force of the heart's action. Toxic amounts of the drug depress the circulatory system or paralyze the cardiac muscle. Small doses do not affect the respiratory movements, although the secretion from the bronchial membrane is increased. Full doses increase and deepen respiration, but toxic doses cause a depression like that caused by morphine.

Apomorphine is readily absorbed, and is excreted through the gastro-intestinal tract as well as by the broncho-pulmonary membrane, the kidneys and the skin.

The symptoms of poisoning by apomorphine are violent vomiting, delirium or convulsions and cardiac and respiratory depression, death resulting from asphyxia. The approved treatment for this form of poisoning is the same as that employed in poisoning by morphine.

The maximum doses of apomorphine are as follows: 1-20 to 1-10 grain by the mouth; 1-25 to 1-6 grain hypodermically; 1-30 grain as an expectorant; 1-10 grain as an emetic.

The Dispensing of Medicines.

Under the above caption Dr. H. W. Felter, in the January issue of the *Eclectic Medical Gleaner*, makes some excellent suggestions in regard to properly dispensing medicines. Editor Felter in part says:

We are sorry to note that antiquated and even slovenly methods still prevail among many, who may be good therapeutists. That the physician so dispensing harms not only his own practise but that of all followers of his school probably does not enter his mind. To such we would plead for a more elegant and up-to-date method for the good of the physician, the patient and the school at large. Were a druggist of to-day to dispense medicines as we have many times seen them dispensed from the doctor's office, he would soon have to part with his store and fixtures. An attractive store and elegant service draws trade. We have seen doctors use all sorts of bottles, some even using flavoring extract vials, and old corks, in dealing out their medicines. A label to match, with the directions scrawled upon it with a pencil, and a piece of newspaper or a page torn from an almanac, or a journal, if perchance a sample copy has strayed their way, complete the package. Sometimes the label is pasted on, or perchance a string or rubber band holds it in place. Paper of any sort and size is used to envelop powders. These days will not long permit the continuance in practise of those who are thus careless and slovenly in the dispensing of medicines. Bottles must be of good quality and should have good new corks. The label should be neatly printed or engraved and should convey the necessary directions. The doctor's address should be on the label, the office hours particularly appearing, and it should display no flaunting, advertising matter. Suitable wrapping paper may now be had in tints and texture to suit the most fastidious, cut to size desired or rolled upon standard, furnished with a cutting blade. Powder papers of proper size, uniformity, and flexibility may now be had, and capsules, if not contra-indicated, may be made to carry objectionable tasting powders. All these cost but a trifle in the dispensing of a day and yield the dispenser untold profit. Medicines should not be compounded in the office in the presence of the patient, but all medicines should be out of sight in a laboratory or airy and well-lighted room devised for the purpose. Pills and tablets may be dispensed in small boxes or envelopes, and the homeopathic vials come into frequent service for pills, powders, or tablets, as well as for liquid medicines to be administered by drops. We knew a physician in Cincinnati, originally a homeopath, but with a strong leaning toward Eclecticism, who acquired an aristocratic patronage and amassed wealth largely through his punctiliousness in dispensing. He employed a chemist to compound his medicines, invariably dispensed them in homeopathic vials with velvet corks, the vials being placed in a handsome paper box and

embedded in jeweler's cotton. This, you will argue, was going to extremes. Perhaps it was, but it pleased his clientele and brought him a good round fee for his wisdom in so doing. That such a procedure would not suit all classes we freely admit, but we are safe in predicting that no patient will object to neatness and elegance in the dispensing of medicines; and that few there be who do not rebel, mentally at least, when slovenly served.

Vehicle.—What shall I use for a vehicle for my medicines? is a question the doctor frequently asks. Wherever it is practical we have no hesitancy in saying that water is the best and most uniform solvent and carrier for most medicines. Eclectics especially are wedded to water as a vehicle. If a medicine is disagreeable water seldom makes it more so, but, on the contrary, dilutes it so as to lessen its objectionable taste. The more a medicine is fortified with alcohol or other preserving or flavoring material, the sooner, as a rule, will the patient tire of taking the medicine. There are, of course, well-known exceptions to this. For instance, water increases the objectionable qualities of the valerianates, and by some patients sodium salicylate can not long be taken in water alone. Fluid extract of licorice with essence of wintergreen is the best combination we have found to render the salicylate pleasant and endurable.

Unfortunately medicines put up in water alone do not keep well. Something must be added to counteract change. If the medicine is one that can be given in an acid medium and an acid is required by the patient, nothing serves better than hydrochloric or phosphoric acids. Glycerin is a favorite with many, for as a rule whatever can be dispensed in water can be dispensed in glycerin and water in variable proportions. This imparts slight sweetness to the medicines, tends to act as an antiseptic, and is particularly grateful to the stomach. We are aware that some object to its use, claiming that it tends to irritate the throat by causing abstraction of water therefrom. This we have not encountered when plenty of water is admixed with the glycerin. Such medicines as specific iris, specific fragrant sumach, and specific chimaphila, are best dispensed in glycerin with directions to add a certain quantity to water when the dose is to be administered. The aromatic, or medicated, waters find some advocates, but their use is limited as compared with former years. The best agent we have used in dispensing at the bedside, and particularly for children, is a few drops of specific cinnamon. It gives a pleasant taste, mixes fairly well, sweetens and tends to preserve the mixture, and is decidedly antiseptic. It is seldom contra-indicated, and if too much has been used it can be readily removed by dipping into the solution a piece of bibulous paper.

An elegant preparation used by many is the simple elixir. This is, of course, quite strongly alcoholic, and already the alarmists are justly calling attention to the danger of fostering a taste for alcohol

by its long continued use. Chloroform is one of the best flavoring, sweetening and preserving agents, and is especially useful in summer. It may be used as chloroform water, readily prepared by shaking a drachm of chloroform in a quart of pure water, leaving always an excess of chloroform in the bottom of the container. This has the advantage also of being a pain reliever of especial value in gastro-intestinal disorders, flatulence and as an ingredient of cough medicines. Another method is to mix equal parts of chloroform and alcohol (making practically chloric ether) and adding a few drops to the mixture to be dispensed. The chloroform water is to be preferred to this as the chloroform frequently separates from alcohol on the addition of water. For medicines that permit of an alkaline medium asepsin is a useful flavoring, sweetening and preserving agent and is also carminative. Either asepsin or essence of winter-green may be added to specific macrotys when used as an antimalarial and antirheumatic. Finally, simple syrup, plain or flavored, may be used as a vehicle for many medicines, but the tendency nowadays is to reject sugars on account of their tendency to induce fermentative conditions in the gastro-intestinal tract. After all, water is the best medium for the administration of most fluid medicines, and as such has long been used by modern Eclectics who see little reason to depart from the practise.

Coloring Agents.—It is sometimes deemed desirable to color medicines that are colorless or nearly so when put up in water. We do not favor this, though many do, and undoubtedly it has its effect upon the patient—being one of those acts of so-called “harmless deception.” For this purpose agents must be employed which impart color and practically no taste. One of the least objectionable of these is caramel (a heavy semi-liquid burnt sugar). A very little of this will impart a beautiful transparent yellowish-brown to deepest brown tint, according to quantity used. We are not aware that it counteracts any of the commoner medicines in use. Owing to the irritating fumes given off in preparing caramel it is better to purchase it than to attempt to prepare it. It is cheap and a little of it goes a long way. For a yellow color tincture of turmeric (curcuma) may be employed. A beautiful red is imparted by solution of carmine, and this is to be preferred over tincture of cochineal, once largely used, but which spoils readily owing to the fatty bodies present. As solution of carmine is alkaline through the small quantity of ammonia water employed in producing a clear color, it can only be used to color neutral or alkaline mixtures. As a rule alkaline substances should not be used where there are present powerful alkaloids. For coloring acid mixtures tincture of cudbear will give a beautiful bright red tint. If these agents are not desired for coloring, dealers in essential oils carry various colors freed from all harmful ingredients, which can be purchased at reasonable prices.

This demand for colored medicines is occasioned by those patients who feel that they are getting better medicines when the latter appear more like those issued from the pharmacies. Personally, we shall welcome the day when all medicines are colorless, or as nearly so as it is possible to make them, for color in most of them is only plant or other forms of dirt.

Kidney Remedies.

BY LYMAN WATKINS, M. D.

We have a large number of drugs that are said to act on the kidneys, but, in fact, there are very few direct and reliable diuretics.

Digitalis increases general arterial tension, and, incidentally, the flow of urine. The nitrites, usually given in the form of sweet spirits of nitre, augment blood pressure in the glomeruli, thus stimulating urinary secretion; while caffeine expends its energies upon the epithelium lining the uriniferous tubules. Here we have three remedies, each acting upon the kidneys and each influencing a different portion of the renal structure. The three may be combined if the conditions call for such a conjunction.

Digitalis, however, has a limited field as a diuretic. In general dropsy, with a weak, intermittent pulse, scanty urine and dyspnoea, this remedy may be carefully administered, and its effects watched for cumulative action. The infusion of digitalis is conceded to be the most reliable for internal use. The dose of specific digitalis is from one to three drops every three hours. Digitalin, 1-50 to 1-100, one or two granules every two hours, may act well at times.

Sweet spirits of nitre, by increasing blood pressure in the malpighian bodies, and thus acting directly within the kidneys, is, theoretically, an ideal diuretic, but practically does not always prove so; still, in ten to twenty-drop doses every few hours, this remedy will increase the flow of urine. It is a stimulating diuretic and may be given when there is torpidity of the urinary organs, with suppression, when it will promote watery exudation, and is indicated when there is deficient urinary secretion.

Caffeine increases elimination of solid constituents by the kidneys through its direct action upon renal epithelium. It is therefore indicated when the urine is of low specific gravity, with a retention of urinary solids in the blood and tissues. These conditions are usually marked by drowsiness, feelings of heaviness, lethargy, and uremia. Caffeine is best given in the form of an effervescent salt, citrate of caffeine being the preparation most frequently used. The dose is a teaspoonful in a half glass of water, to be swallowed while effervescing.

There is probably no better remedy for the so-called uricacidemia than piperazine. This drug, however, is seldom used and is still on trial, but will, in time, be given a permanent position

in our *Materia Medica*. Piperazine is indicated when there is constant backache, dry skin, scanty urine of high specific gravity. Such cases are frequently called rheumatism. This remedy diminishes the quantity of uric acid secreted, and counteracts the tendency to its formation in the body. The dose is from three to five grains, well diluted with water.

The kidneys are stimulated to action by buchu; but when this remedy is used, certain conditions must be present if results are obtained. These are over-acidity, frequent and scanty urination, and vesical irritation. Buchu may be administered in the form of a powder, infusion, fluid extract, specific medicine, or the alkaloid barosmin. Of these the most effective and also the most distasteful is the infusion. The specific medicine, in ten-drop doses, is also effective, while barosmin, 1-6 grain, is the most pleasant and agreeable preparation. When we desire quick results it is better to use the infusion, at first, after which the effects can be continued with one of the other more pleasant forms of the drug. The stomach does not resent buchu as it does some other renal remedies.

Equisetum is probably not so valuable as a diuretic as it is, in cases of irritable bladder, where it removes a source of irritation by rendering the urine bland and soothing. We have found this remedy of value in males past middle life, with large mucus discharges from the bladder. The infusion is best, but good results can be obtained from the specific remedy.

Eryngium is another so-called diuretic which has very little diuretic action, but the remedy is one of our best agents for irritation of the neck of the bladder, whether this arises from inflammation, gravel, gonorrhea, or non-specific urethritis. Eryngium is indicated by burning and itching in the urethra, with frequent micturition. It may be given with confidence in this condition, and the size of the dose gradually increased until results follow, which is always a good rule in specific medication.

Apis is a reliable drug, a most excellent diuretic and allayer of bladder irritation. It is also indicated when there is edema anywhere, but general dropsy is not so amenable to its action. Effusions into serous cavities, resulting from acute inflammatory conditions, are all favorably influenced by apis. This remedy is indicated when there is a tearing, teasing stinging desire to urinate, and when the urine is hot and burning. Apis is soothing in these cases, and can be relied upon. The dose of specific apis should be small; we usually prescribe ten drops to four ounces of water. Dose, teaspoonful every two hours.

Hydrangea is a remedy that has undeservedly fallen into disuse, mostly because of over-laudation. This drug was at one time loudly heralded before the profession as a solvent for urinary calculi in kidney or bladder. A natural result of this extravagant

and absurd exploitation was disappointment to both physician and patient. Hydrangea does not dissolve urinary calculi in the renal organs or elsewhere, and has no more effect upon these concretions than so much water. Failure with hydrangea as a solvent led many earnest workers to the conclusion that the remedy was good for nothing. However, hydrangea is of considerable value in the treatment of renal troubles which exhibit a tendency to the formation of calculi. It removes the conditions which tend to calcular segregations, and changes the character of the urine so that they are not so liable to occur. Hydrangea is a soothing diuretic, and is especially indicated when there is general irritation of the urinary organs and a discharge of sandy urine.

Rhus aromatica will restrain excessive discharge of urine, polyuria. This remedy is one of our best agents in all cases attended with profuse urinary flow. It is not, however, an astringent, but a tonic, and exerts its influence upon the entire urinary tract. It is therefore useful in urinary incontinence, either in young or old, and is beneficial in hematuria, which it will control gradually and permanently. *Rhus aromatica* has been recommended as a remedy in the treatment of gonorrhea, but we have never been able to obtain results from it in this trouble. While *rhus* is effective in diminishing the daily amount of urine in diabetes mellitus, it does not lessen the sugar average. The specific field for *rhus aromatica* is when the urine is passed in abnormally large quantities, and it is in those cases of incontinence from distension of the bladder that it is effective. The dose of *rhus aromatica* is about five drops, but the medicine should be pushed to effect even if given in teaspoonful doses. There is usually no intolerance of this drug in large doses.

Blatant and quackish claims for a remedy, unreasonable and absurd assertions, do more to discredit the *Materia Medica* with the public, and to create medical nihilists among physicians, than honest antagonism. Writers on *Materia Medica* appear to believe it an imperative duty to describe and give medicinal virtues to every weed in christendom, and some of the botanical flora are as worthless and inert, medicinally, as dog fennel in the barnyard. Until these authors have the courage to dispense with the "said to be goods" and the "have been used," and teach only that which is known to be true, we can not expect serious attention from the scientific world.

The term "diuretic" is generally understood to mean a remedy which increases the flow of urine, yet a good many drugs are described under that name which are not really diuretics, but act in some other manner upon the urinary organs. In this class may be mentioned *althea*, *uva ursi*, hair-cap moss, and others. Pure water is one of the best diuretics, and the supposed diuretic action

of some drugs, given in infusion, is due to the large amount of water naturally taken with them.

The diuretic action of althea is probably due to the water with which it is taken, for the drug is not diuretic except in infusion. The specific medicine, fluid extract, solid extract and syrup, have no apparent effect upon urethra, bladder, ureter or kidneys, while the infusion acts about the same as an infusion of ulmus. Althea in infusion renders the urine soothing and emollient, and when taken in large quantities will aid in relieving the painful urination of cystitis. In the irritable bladder of old men, with retained and decomposing urine, one dram of sodium benzoate added to each half pint of althea infusion will prove very comforting.

Uva ursi is another remedy which is of value only in infusion. It is not diuretic, but astringent and tonic to relaxed urinary mucous membranes with excessive mucous discharges. This remedy will help in mucorrhea from the bladder, and is a good adjuvant in the treatment of cystic ulceration.

Polytrichum has been highly recommended as a diuretic in dropsical conditions, but in our experience this remedy is of no value when administered in the form of specific medicine or fluid extract. We have succeeded in slightly increasing the urinary flow with the infusion, but probably no more than was due to the additional amount of water taken.

This article is only a statement of actual facts from experience. Consequently there are a large number of remedies in the *Materia Medica* mentioned as diuretics which we have not found occasion to use or experiment with, and from personal knowledge can neither condemn nor endorse.—*Eclectic Medical Journal*.

Hyoscyamine in Inguinal Hernia.

In writing to *Clinical Medicine*, Dr. C. J. Cooney, of Oelwein, Iowa; reports his use of hyoscyamine in the treatment of strangulated inguinal hernia as follows:

"Patient, boy ten years old, with strangulated hernia, seen about one and one-half hours after the strangulation had taken place. The boy had had previous attacks, but by the use of chloroform had been able to reduce. In this instance manipulations failed to produce any results and the boy was put on hyoscyamine amor., gr. 1-100, every hour, while preparing to operate. Four doses in all were given which resulted in complete dilation of the pupils—full physiological effect of the drug. That complete relaxation of all spasmodic conditions were produced, was abundantly proven by what happened when the hernial sac was lifted up, the contents of the hernial sac passing back into the abdominal cavity without any manipulation whatsoever.

"Patient, man, age 25. Had several previous attacks of strangulated hernia which were reduced with considerable difficulty. I

saw case a short time after beginning of the trouble and proceeded to reduce in the usual manner, but made a complete failure. I then gave a hypodermic injection of hyoscyamine, gr. 1-100, and repeated same in one hour. One-half hour after the second dose I was able with slight manipulation to reduce.

"I believe that each of these cases would have required operative procedure for reduction if I had not used the hyoscyamine."

Glonoïn in Pneumonia.

In giving his treatment of pneumonia, in the January issue of the *Medical World*, Dr. J. M. French, of Milford, Mass., truthfully speaks of the great value of glonoïn as follows:

"Given one more drug, and most of the cardiac symptoms and complications of pneumonia can be satisfactorily met. Glonoïn, or nitroglycerin, is the emergency remedy, relaxing the tense arterioles and letting the blood go free when the heart is overburdened. Its uses are to some extent the same as those for which alcohol was formerly employed by almost all practitioners. Compared with alcohol, however, it is quicker in its action, freer from dangers, and more satisfactory in its results. It is often given in doses of 1-100 grain, but in my judgment much better results can be secured by the use of the 1-250 grain dose, repeated in ten or fifteen minutes if necessary, or even in five, if the case is urgent. It is not a remedy for continued use, or for permanent effect, but is strictly an emergency remedy. As such it is invaluable. It is best given in aqueous solution, and acts almost instantly. Or the granule may be chewed up by the patient, if he is able to do so. This is said to be the one drug which acts as quickly when taken into the mouth as when administered hypodermically."

Over Treatment in Pneumonia.

In speaking of his experience in the treatment of pneumonia an old-school writer cites a case in which he gave a boy five grains of quinine every four hours, one-half teaspoonful doses of compound spirits of ether, morphine, strychnine, atropine, whiskey, frequent cold baths, and some drugs not mentioned. The boy recovered and the doctor asks: "Did I cure pneumonia?"

No, doctor, you did not "cure pneumonia"—no one could with such treatment as you employed. It is undoubtedly true that the boy did not die, but, then, the Lord may have some special use for that boy. If in your next case of pneumonia you will select your drugs from aconite, veratrum, bryonia, gelsemium, rhus tox., ferrum phos., kali mur. and glonoïn, and apply compound powder of lobelia on a larded cloth to the chest you will not have to ask if you cured pneumonia. You will *know* that you did.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Los Angeles in June, 1907. E. H. Stevenson, M.D., president; J. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1907. A. E. Broga, M.D., president; E. H. King, M.D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearlstien, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. Electa A. Brown, M.D., president; Pitts Edwin Howes, M.D., secretary.

Los Angeles in 1907.

Leaving Vancouver on the evening of July first, we try and picture the wonders which are to unroll themselves before our expectant vision. As we contemplate the scenes which we have already beheld, we are somewhat skeptical in believing that there is anything before us which will excel what we have already seen. Yet all travelers, without exception, unite in their testimony that the route over the Canadian Rockies presents the most wonderful, as well as most charming, scenery that can be found on the American continent.

Arriving at Glacier, about noon of the next day, we leave the train for the inspection of that vast body of glaciers which has been said "to equal fifty Switzerlands." The railroad company has provided charming quarters for us in their hotel at this point. Our twenty-four hours' stay is filled to overflowing with majestic grandeur. Reluctantly we take the train, twenty-four hours later, declaring "our stay has been all too short."

A few hours' run brings us into the Canadian National Park, which is twenty-six miles in extent. Here we stop at the Banff Hotel, the hostelry that is famous all over America and Europe. Our first entry into the spacious reception hall is signaled by a feeling of warmth and homelikeness as we see the blazing light of the capacious fireplace, which throws its ruddy beams all through the apartment. Our two days' stay will give us a chance to explore some of the beauties of this far-famed resort built among the world-renowned Canadian Rockies. From here an excursion may be made to the "Lakes among the Clouds" celebrated for their marvelous beauty.

Leaving Banff on Friday we part company with those who are bound for St. Paul and Chicago at Moose Jaw, while the eastern

contingent continues on to Fort William at the head of Lake Superior. We pass from the train to one of the palatial steamers of the Canadian Pacific Co. and for forty-eight hours we revel in the beauties of Lake Superior and Georgian Bay, arriving at Owen Sound Tuesday morning. A short rail ride brings us to Toronto, where the day is spent. We leave in time to make connection at Buffalo for our various destinations.

Our trip has extended for thirty days; we have traveled nine thousand miles; we have seen over seventy-five per cent. of all that is worth seeing in North America; we have been entertained at the finest hotels in the country in their respective locations; and all at a price which is comparatively insignificant when one comes to enumerate all that has been stored up in our memory for future enjoyment.

One fare has been secured for the trip, with the exception that the trunk lines have added one dollar, as is their usual custom. Hence the railroad ticket for this trip, which has been outlined in the last three numbers of the ECLECTIC REVIEW, will cost from Boston \$98.00, from New York \$97.00, from Buffalo \$87.00, from Chicago \$75.00. These prices include the extra fare of \$12.50 which all must pay between San Francisco and Portland, Ore. When you consider that our railroad fare is one cent per mile, you will realize what a reduction is offered to those who participate in this delightful outing.

The Forty-seventh Annual Meeting of the Boston District Eclectic Medical Society.

Boston, January 28, 1907.

The forty-seventh annual meeting of the Boston District Eclectic Medical Society was held this evening at the office of Dr. John Perrins, 107 Botolph street, Boston, Mass. The meeting was called to order by the president, Electa A. Brown, M.D., at 8 P. M. The secretary read the reports of the last meeting and the last annual which were both approved.

The secretary presented the annual report which was adopted.

William H. Bertram, M.D., of East Boston, was unanimously elected a member.

The following officers were elected for 1907:

President, Charles B. Pratt, of Boston.

Vice-President, Joseph A. Denkinger, of Boston.

Secretary, Pitts Edwin Howes, of Boston.

Treasurer, John Perrins, of Boston.

Censors, C. Edwin Miles, John Perrins and Charles Rosenthal.

A paper on "Hydrastis Canadensis" was read by John Perrins, M.D. It was extensively discussed. Both the paper and discus-

sion will be found in the March number of the "Journal of Therapeutics and Dietetics."

After adjournment the members were invited to the dining room where a dainty and tasteful lunch was served. A vote of thanks was extended to Dr. Perrins for his hospitality.

PITTS EDWIN HOWES, M.D., Secretary.

Selections

Some Thoughts on Present Day Therapy.

The Successful Treatment of Diabetes Mellitus:—The principal factor in the development of diabetes mellitus is now generally conceded to be a pathologic change of the pancreas in that particular portion known as the islands of Langerhans.

Bosanquet has recently said:

"There is an accumulation of evidence showing that the function of the pancreas which is in abeyance in the presence of diabetes is normally performed by certain special groups of cells known as the islands of Langerhans, which are distinct from the ordinary cells of the gland, but which not improbably are formed from its acini."

With the fact well established that changes in the islands of Langerhans deprive the organism of certain substances essential to the conversion and proper assimilation of carbohydrates, the logical treatment of diabetes mellitus and glycosuria would seem to be to supply such deficient substances from extraneous sources. Trypsogen has been evolved to meet such a demand, and each tablet contains the enzymes of the islands of Langerhans, the tryptic and amylolytic ferments, also gold bromide 1/100 of a grain, and arsenic bromide 1/200 of a grain. The treatment of diabetes mellitus with Trypsogen has given such positive clinical results in many cases that there is every reason to believe that this remedy is logically and scientifically correct.

Coincident with its administration, the hygienic condition of the diabetic patient, including regulation of the bowels, habits, &c., should be given proper attention, and, while rigid restriction of the diet is neither essential or desirable, it is wise to regulate it according to common sense. Any articles of food that are being taken in excessive quantities should be reduced to a minimum, and a general attempt made to decrease everything tending to increase digestive disturbance. Trypsogen should be pushed to the point of tolerance of the arsenic bromide. A method that has been found efficient is the following: Begin with two tablets three times a day, after meals, and after the third day increase one tablet daily. A few days usually suffices to demonstrate a marked diminution in the glycosuria and an improvement in the patient's whole condition. In some, however, it takes a considerable longer period of administra-

tion to accomplish as good results, but in several instances where patients have been given Trypsogen for two months, with slight apparent benefit, they have suddenly shown marked improvement in every particular, and gone on to recovery.

Our Confidential Friends.

We would not banish opium. Far from it. There are times when it becomes our refuge. But we would restrict it to its proper sphere. In the acute stage of most inflammations, and in the closing painful phases of some few chronic disorders, opium in galenic or alkaloidal derivatives, is our grandest remedy—our confidential friend. It is here also that the compound coal-tar products step in to claim their share in the domain of therapy. Among the latter, perhaps, none has met with so grateful a reception as “Antikamnia and Codeine Tablets,” and justly so. Given a frontal, temporal, vertical or occipital neuralgia, they will almost invariably arrest the head-pain. In the terrific fronto-parietal neuralgia of glaucoma, or in rheumatic or post-operative iritis, they are of signal service, contributing much to the comfort of the patient. Their range of application is wide. They are of positive value in certain forms of dysmenorrhoea; they have served well in the pleuritic pains of advancing pneumonia and in the arthralgias of acute rheumatism. They have been found to allay the lightning, lancinating pains of locomotor ataxia, but nowhere may they be employed with such confidence as in the neuralgias limited to the area of distribution of the fifth nerve. Here their action is almost specific, surpassing even the effect of aconite over this nerve.

The Latest Treatment of the So-Called Arthritic Diathesis.

Hutchinson, Minkowski, Faulkenstein, Heinrich Stern and other modern authorities are of the opinion that gouty conditions are essentially due to faulty metabolism and not to a disease, *per se*. The importance therefore of the uric acid theories of Garrod, Haig, Roberts, Duckworth, Luff, etc., are losing ground, urates being merely a measure of the destructive metabolism, while diet should be regulated solely with regard to diminishing intestinal fermentation and putrefaction and not according to the hard and fast rules of the older school.

Professor Falkenstein remarks that the frequency of the dyspepsia which precedes or accompanies an attack of gout in any of its forms (migraine and so-called lithemic conditions, etc.,) is merely a symptom of the same trouble caused from retention of autointoxication products giving rise to precipitation of calcium salts from the blood, thus forming a fibrosis at some articulation. These observers think that the trouble originates from impaired function of the stomach from alteration of the glands near the pylorus which secrete hydrochloric acid.

Acting on this principle, he and others have administered this acid in heroic doses of from two or four grams daily of the pure acid well diluted with the water drunk with meals, and the results have been considered favorable. In order to be effective, however, the acid must be continuously given, and where the case calls for immediate relief from acute symptoms we can fall back on those practical methods which at least give prompt temporary relief. Although theoretically it may be not easy to explain the success of the colchium and the salicylates on scientific grounds, yet with saline purgatives and doses of 12 to 16 capsules of colchi-sal of 20 centigrammes each (in the twenty-four hours), symptoms usually subside rapidly and when the attack has passed, the hydrochloric acid treatment can be recommenced as a prophylactic measure.

It is possible that colchi-sal (the safest preparation of the alkaloid of colchicum and which is a solution of colchicine, $\frac{1}{4}$ milligramme, dissolved in natural methyl salicylate, 20 centigrammes, with appropriate adjuvants to prevent intolerance, in each capsule), stimulates the urate solvent properties of the blood serum and so checks further precipitation for the time being.

Moreover it is well established that the colchicine promotes a hyperleucocytosis in the affected articulations or other tissues, relieves the hyperemia, stimulates the hepatic cells, increases the cellular activity of the bone matter and diuresis, all of which is conducive to relieve acute symptoms, although it may not prevent subsequent relapses.

Book Reviews

Plaster of Paris and How to Use It. By Martin W. Ware, M.D., adjunct attending surgeon, Mount Sinai Hospital; surgeon to the Good Samaritan Dispensary; instructor in surgery, New York Post-Graduate Medical School. 12mo; 72 illustrations, about 100 pages. Surgery Publishing Co., 92 William Street, New York City. Cloth \$1.

This is one of the most useful books ever presented, not only on account of the general demand for the information and instructions upon the subject which this book so explicitly, practically and comprehensively covers, but because this knowledge was not previously available except from such a vast experience as enjoyed by Dr. Ware, or, in part, by reference to many books on allied subjects. It is profusely illustrated. The whole subject, from the making of the bandage to its use as a support in every form of splint, corset or dressing, is graphically described and illustrated. The book is presented in the artistic manner characteristic of the productions of the Surgery Publishing Company. Price \$1.

Minutes of the Twenty-sixth Annual Session of the Arkansas Eclectic Medical Association, held at Little Rock, May 9, 10, 11, 1906. Doctors R. L. Smith, J. H. Snowden, J. L. Vail, committee.

This pamphlet contains the report of the proceedings and about ten practical essays, also the photographs of President Stevenson of the National, and several of the prominent men of the state. The pamphlet is a credit to the association, and should be in the library of every Eclectic physician.

Proceedings of the Indiana Eclectic Medical Association for 1905-1906.

Forty-first and Forty-second Annual Meetings Held at Indianapolis and Marion. William P. Best, M.D.; Orlando S. Coffin, M.D.; Carl G. Winter, M. D., Indianapolis, publishing committee. Compiled and edited by William P. Best, M.D., Indianapolis.

The Indiana Eclectic Medical Association is one of the most active and successful of our state organizations, and this volume of 250 pages compiled and edited by Doctor Best is a credit to him and the organization. Many of the papers in this volume of proceedings are full of interest and practical information. Write the secretary for a copy.

Items

Remember the meeting of the State Society is March 6 and 7 at Albany. You cannot afford to neglect it.

Dr. L. S. Downes, of Galveston, Tex., writes to invite Eclectics to take the examination before their board and locate in the state of Texas.

"Weary Willie" and "Honey" have both been laid up with the grip.

The Beachonian entertainment on January 23 was a financial and social success. Royal Fellow Burke and his officers are to be congratulated.

J. A. Rega, of Gouverneur, N. Y., although eighty-four years of age, is actively opposing the medical unity bill.

Our fair-haired boy just escaped being burned out, and the insurance policy not signed.

Prepare a short essay for the State meeting March 6 and 7 at Albany.

Be sure and see the Assemblyman and Senator before the hearing on the unity bill, which is to be February 21.

Prof. V. Sillo has removed to 353 West 57th Street.

Read the advertisements—correspond with and patronize the advertisers.

There will be a gathering of the clans at Healy's on the evening of February 28.

The usual reports of the County Society and the Specific Medication Club have been omitted this month for want of space. Both meetings were interesting and well attended.

We were pleased with the January issue of Ellingwood's Therapist. Have you subscribed?

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. X.

NEW YORK, MARCH 15, 1907.

No. 3.

The Raw Tongue.

This raw or bare condition of the tongue has seldom received from medical writers the attention which may be profitably given to it. In fact, very little had been said about it until a few years ago, when Prof. J. M. Fothergill—a close observer—made special mention of its diagnostic value.

In the raw tongue the superficial structures of the tongue are denuded, more or less completely, of the natural epithelium. In convalescence from acute conditions, where the tongue has been coated, sometimes the tongue is abnormally red and imperfectly covered with epithelium, and here a coat is apt to form again. In acute or chronic diseases, the absence of the normal epithelial covering, whether slight or extensive, should receive the most careful attention of the physician. As long as the tongue is raw or bare the line of treatment to be followed is that of bland food with mild sedatives to the gastro-intestinal tract. So long as this condition remains tonics and stimulants will prove useless, if not harmful. It is, perhaps, in phthisis where this rawness of the tongue should excite the greatest apprehension. It is not usually complete over the whole tongue, but lies as a large patch in the middle of the tongue, the irregular edges usually extending further on one side of the mesial line than on the other. We have every reason for supposing that this condition of the tongue shows to a considerable extent the state of the unseen portion of the gastro-intestinal canal, and that the absence of the epithelium interferes with assimilation. This it is which naturally excites apprehension in all wasting diseases. Not only is the epithelial layer important in the absorption of nutritive material from the food in the intestines, but it is essential to secretion. This fact is well pointed out by Dr. M. Foster, as follows:

“The food, in passing along the alimentary canal, is subjected to the action of certain juices which are the products of the secretory activity of the epithelium cells of the alimentary mucous mem-

brane itself, or the glands which belong to it. These juices (namely, saliva, gastric juice, bile, pancreatic juice, succus entericus and the secretion of the large intestine) poured upon and mingling with the food, produce in it such changes that, from being largely insoluble, it becomes largely soluble in an alkaline fluid such as blood, or otherwise modify it in such a way that the larger portion of what is eaten passes into the blood, either directly by means of the capillaries of the alimentary canal, or indirectly by means of the lacteal system, while the smaller part is discharged as excrement."

If, as is not doubted, the epithelium cells of the alimentary canal play this important part in the digestive act, it is abundantly clear that the deficiency in number or perfection of these epithelium cells must exercise a deep and profound influence upon digestion, absorption and nutrition. It is, therefore, also clear that under these circumstances the physician's greatest energies should be directed toward the restoration of the epithelial layer to normal perfection, or the nearest approach thereto. If, under judicious treatment, the tongue assumes its normal appearance, and the epithelium once more grows freely upon it, then we know that the digestive powers are returning, and that we may safely employ tonics and more food of a less restricted character. So long, however, as the raw or bare condition of the tongue continues so long must our therapeutic measures be directed to the restoration of the epithelial layer of the alimentary canal to its normal condition.

J. W. F.

The State Meeting.

The State meeting, held in Albany on March 7 and 8, can be recorded as one of the best it has been our good fortune to attend. The number present was larger than usual, the executive business sessions were conducted with great dignity, and in the scientific section a great deal of good work was presented. Three addresses and seven essays read and discussed. Read the detailed report found in this number and you will wonder how so much work could be done at a meeting lasting but one day and one-half. Not a moment was wasted. I never attended a more earnest gathering or one where officers and committee were so prompt in their work. The delegation from Greater New York was larger than for many years. The Legislative Committee had been very active and had much to report, but did not waste a word. Its report and resolutions were adopted with but little debate. There was but one opinion among the many present in reference to the Unity Bill, all active in opposition to it, all agreeing that materia medica and therapeutics were as essential as any part of the practice of medicine. Officers and members are to be congratulated and can

feel well satisfied at the results of their labor. Prof. John Uri Lloyd, of Cincinnati, and Dr. Pitts Edwin Howes, of Boston, were guests at the meeting.

Be Watchful.

We cannot afford to relax our watchfulness and activity in opposition to the proposed unity bill. Chairman Cassidy says that the bill will be reported. There is some talk of a compromise bill, or of certain amendments to this bill, so do not relax your energy; be watchful, for as the session nears its close surprises may be in store for you, and we must not be caught napping.

Original Articles

Annual Address by H. Stoesser, M.D., President.

Ladies and Gentlemen: I welcome you to this the fourteenth annual meeting of the Kings County Eclectic Medical Society, and I sincerely trust that your deliberations will be both pleasant and profitable. In coming together at this time, we again find ourselves confronted with many important questions which demand our careful consideration, and, particularly, to some of these we should give our most earnest attention. Since the organization of this Society it has always stood as the exponent of liberalism in medicine; the right to use, and apply drugs that gave the most beneficent curative results in the eradication of disease. The right to improve the method of drug manufacture, the right to use our individuality in the administration of drugs for the eradication of disease. To administer medicines for distinct pathological conditions, manifested by distinct and concise symptoms. And these things we have been able to accomplish notwithstanding the continuous effort on the part of the old school to deprive us of our rights by enacting adverse medical legislation to curtail our freedom and privileges. Specific medicines are to-day the finest, most reliable, and purest drugs in the market. This is attested by the fact that physicians of all schools, when they desire to use a reliable medicine—one that will give them absolute, reliable and safe physiological activity—use Lloyd's specifics. Prof. John Uri Lloyd, by using his individuality and Eclectic principles, has improved the manufacture of drug extracts so that he is able to get from 10 to 100 per cent. more alkaloidal principles than under the old methods.

We have been told that the intolerance and bigotry of the past have entirely disappeared, but this is not true. Only last year there was a meeting at Albany, called by the Educational Department of the "Medical interest of the State," at which all schools were repre-

sented; a love feast, judging from many of the speeches of the old-school representatives. But it was like a love feast given by ancient rulers when they wanted to get rid of an objectionable person or persons. They, at that feast, presented the loving cup and it contained not sweet wine, but poison oak bark. And had we not been watchful and suspicious, had we then and there partaken of the "loving" cup we would soon have been "love de combat." The old school is jealous of our advancement, our success, and they want to deprive and rob us of our rights and privileges. They recognize that every true Eclectic, every Eclectic using Eclectic drugs for Eclectic indications, specific medications, is successful, practically and financially. There are new propositions coming up in the healing art on every side. They have a right to sprout; they have a right to show what they can do, and we can rest assured if they are useless they will perish—but give them a chance to show what they can do. Those which are valuable will live if suppressive laws do not smother them. We, as true Eclectics, believing in progress and advancement in the healing art, hail all things that will aid in the eradication of disease. All we ask is that there shall be a universal standard of educational requirement, and all who practice medicine, in any branch, should come up to that standard—and all schools have the same rights and privileges—no more and no less. If the state levies equal taxation (examination fees), we must have equal rights and representation. That is a fundamental law of public institutions.

Now, dear friends, before closing I would ask your earnest support of our college and faculty, and would ask you to give more time and attention to the meetings of our local societies. I would also call your attention to our coming State meeting in Albany, March 6 and 7. The meeting promises to be one of the most interesting and instructive meetings in many years.

I would also call your special attention to a one-board bill before the legislature at the present. We must make every effort to prevent this becoming a law.

I am sure if we have your hearty co-operation in the aforesaid we must succeed, for unity makes strength.

I thank you for your kind attention.

The Thompson-Hyde Testimonial Dinner.

On the evening of February 28 there gathered many of the friends of Profs. Thompson and Hyde to commemorate the years of service of these gentlemen with the School. The gathering was at Healy's, 66th street and Columbus avenue, where a fine dinner was served. The Dean acted as toastmaster. Many interesting reminiscences were told by those present, and Drs. Thompson and Hyde each received their share of praise and expression of hearty good-

will and affection from their many friends present. Prof. Thompson was presented with an elegant armchair and Prof. Hyde with a solid silver tray. Both accepted the testimonials in characteristic manner. The occasion will linger in the memory of those who were fortunate enough to be present as one of those pleasant breaks in professional life that should come oftener. Profs. Thompson and Hyde have both been connected with the Eclectic Medical College of the City of New York for a quarter of a century, and have worked earnestly and faithfully. That they may live to enjoy the blessings they deserve for many years to come is the wish of the many friends who were with them at this pleasant reunion.

Intra Uterine Medication.

BY C. WOODWARD, M. D.

In the latter part of September, 1906, Mrs. C., after having gone to a hospital, gave birth to a male child. On the third day following her milk appeared without causing any systemic disturbance. The fifth day after the delivery she contracted a slight cold while the room was being aired and had a slight chill. The matron and nurses declared this was impossible, but immediately her milk began to diminish and it became necessary to feed the child artificial foods. The child did not appear well. It became constipated and cried most of the time. The mother commenced having tired feelings, back and headaches, weighty sensations in the pelvis and more than a normal flow. Seven weeks after puerperium she consulted the writer for relief. A vaginal examination determined subinvolution, incomplete retroversion and the retention of much septic substance. Her uterus was swabbed with campho-phenol and washed out on November 5 with a fifty per cent. solution of peroxide of hydrogen and a three per cent. solution of another antiseptic. A dehydrating pledget saturated in a solution of glycerine and dark pinus canadensis was inserted into the vagina against the cervix and left in position twenty-four hours. On the third day she returned for the second treatment, and stated that she had already sufficient nurse for two babies and was free from headache and languid feeling. Eight of these treatments, in connection with four swabbings and the dehydrating packs, controlled the intra utero-toxaemia, restored the milk and caused her uterus to assume involution and its normal position without any internal medication.

It is only about thirty years since the people of the large cities have been compelled to subsist on chemically-preserved, cold-storage, refrigerated and reprocessed foods, and which has perverted assimilation and metabolism, so that scarcely one woman in four who gives birth to a child has sufficient nurse for it. With these failures, there are usually present constipation and anaemia,—conditions that are favorable to the occurrence of any number of

incidents, accidents and mishaps following puerperium. Whenever one of these incidents does occur, the milk and lochia are suppressed, resulting in subinvolution, endometritis, reflex irritations and intra utero-toxaemia; for which there is only one specific treatment, and that is intra uterine medication.

What advantages to the surgeon, the specialist on gynecology, the general practitioner, and women physicians, does this modern method of intra uterine irrigation present?

To the surgeon it means that he is not confined to one alternative, cutting; that intra uterine irrigation may be used in many instances when operations are not indicated, employed with good results when women refuse operations, and in this manner he prevents their consulting other physicians.

To the gynecologist this method multiplies his resources, aids him in diagnosing uterine complications, makes him better qualified as an expert witness and thereby sustains his claim as a specialist.

To the practitioner intra uterine medication extends his reputation, makes him equal to the specialist, prevents the cash patrons of his vicinity from visiting others, and insures confidence because it is a specific treatment for the majority of emergencies that arise in an obstetrical practice.

To women physicians it increases their reputation and skill, helps them to build up an office practice and obtain a class of over-modest patients, demonstrates to them the cause of the menopause and many other uterine reflex irritations heretofore unknown, and assists them to treat many chronic conditions that are complicated with uterine troubles.

Chicago, Illinois.

Berberis Aquifolium Compound.

BY JOHN ALBERT BURNETT, M. D.

Berberis aquifolium compound is a very important remedy for many diseased conditions, and all Eclectic physicians will do well to always remember it and use it. It is as follows: R fl. ext. berberis aquifolium, 35 parts; fld. ext. trifolium pratense, 25 parts; fld. ext. burdock seed, 20 parts; fld. ext. cascara sagrada, 17 parts; fld. ext. iris versicolor, 16 parts; fld. ext. prickly ash berries, 12 parts; fld. ext. sanguinaria canadensis, 12 parts; M. Sig. put one and one-half ounces in a four-ounce bottle and fill it up with simple syrup. Dose: One teaspoonful four times a day, before meals, and at bed time. This compound was originated by Dr. John C. McCandless, professor of gynecology, College of Medicine and Surgery, Chicago, or by Dr. F. H. England, professor of materia medica and therapeutics, College of Medicine and Surgery, Chicago. I am not sure which, but I think it is Dr. McCandless, as Charles S. Baker Co., Chicago, who makes a fluid extract of this compound and

calls it "Berberis Aquifolium Compound (J. C. McCandless)." There is an interesting article, "Mountain Grape or Oregon Grape—Berberis Aquifolium Compound," in the September, 1906, "Physio-Medical Record," which I will make several extracts from.

The article was by Dr. F. H. England but discussed by several others as it was read before the American Association of Physio-Medical Physicians and Surgeons. After giving the formula, Dr. England said: "You may naturally say: What will this do? In numbers of cases it has been used in the treatment of syphilitic conditions and in eczematous conditions. Dr. McCandless will bear me out in this that it has been eminently successful—the use of this compound to cure syphilis." Dr. H. A. Hadley, professor of anatomy and demonstrator of operative surgery, College of Medicine and Surgery, Chicago, said: "In classes of patients to treat with this compound you can always find use for a good agent that acts well on the liver," and he further said. "I have never used this compound but I have used the agents therein contained; have used them separately and some in combinations. There is on the part of some a tendency to deride the use of a compound saying that it is a 'shot-gun' prescription and advocate the use of the agents singly. In a great many cases when we go to treat them there is not one organ in most cases that we can treat singly and let all the others go. They will have to be giving doses of medicine every half hour if they give them one at a time. I know some that do that. In a great many instances where I use a compound I can get the results that I want that I cannot get with these same agents given singly. I get a different action in a great many instances. Our myrica compound, for instance, if we started to give all those agents singly the patient would have to be taking medicine all the time, but that combination is such that it gives the action on the body that you cannot get by giving them all one right after the other." I fully agree with Dr. Hadley in what he says in regard to compounds and alternating remedies. In most cases I find it much better to combine remedies than to alternate them. Dr. McCandless says: "The paper is especially adapted for cities where there is plenty of syphilis, perhaps not so much needed in the country where there is not so many cases of syphilis. As Dr. Hadley says, 'shot-gun' prescriptions are sometimes particularly valuable. I used to use stillingia compound, but that was not good enough and in this compound I can take all cases of syphilis (and I have my share), I can take 99 per cent. of these cases and give them this compound and guarantee to cure any case of it in less than eighteen months and have done it right along. I had an argument with a chemist in this city. He said I could not cure it. He had been treated with iodide of potash, etc., and he promised me if I would cure him to buy me the best silk hat in the city. He had been treated with everything and failed. Stillingia compound

is too stimulating for syphilis. In syphilis the system is full of poisonous waste matter, the system is clogged up; liver not acting right. Patients come to me with paralysis, deaf, suffering spasms; patients gone blind are constantly restored to health and in a very short time by these remedies. Steam baths are very useful in treating syphilis. I find by experience that syphilis requires twice the amount of medicine that is required in any other disease I treat." I think it is well to remember what Dr. McCandless had to say in regard to syphilis requiring twice the amount of medicine that any other disease requires.

Dr. W. F. Peckuman suggested that echinacea should be added to the compound.

Dr. J. M. Massie, professor of gynecology Physio-Medical College of Texas, Dallas, said: "I like the formula. It is very fine. *Berberis aquifolium* is my leading agent, the next one is echinacea, with that added you will have a most excellent prescription. I am not at all favorable to the one agent. I believe that we can build up a compound that will meet every indication in the case. I am not much of a hand to follow formulas but I build my prescriptions to suit the case. With syphilis you can have a formula that will reach ninety-nine cases out of a hundred. I am very favorably impressed with this formula and shall use it, but think I shall use echinacea with it. He gave us the quantity of each agent but did not tell us how to prepare it. Now the question comes up as to how to get the best compound. If you mix the fluid extracts the probabilities are that you will have a poor mixture, and my suggestion would be that you have your agents ground for percolation by some responsible house and then percolate and make a fluid extract and make that into a syrup or elixir. Syrup would be the proper way to prepare it. If I took that up I would make it in five-gallon lots.

President.—Any further discussion? If not we will call on Dr. England to close the subject.

Dr. England.—"Dr. Headley speaks of 'shot-gun' prescriptions in a very kindly manner and I thank him for it. I find very often that with these 'shot-gun' prescriptions if properly prepared you have got something all right. Last night we had a 'shot-gun' supper. If you had had but one thing, I think that banquet would have gone off very tame, but when you had the banquet all together it went down very fine. It reached the spot. So with this compound in particular. It will reach the spot. I had an old lady with a skin disease—eczematous condition—the whole abdomen from the underside of her chin to the hips a mass of burning irritation, her eyes looked bad, etc. She said: 'I have tried all of them and I can do more for myself than all the doctors.' After a great deal of pleading and talking on the part of her friends, I took the case and gave her an emetic and gave her this compound and in five treat-

ments you couldn't find one spot on that lady's body. Treatment lasted something like about three weeks. I started to treat a young man last Christmas day for syphilis. He was 36 years of age; body covered with sores, sore nose, sore throat. Had syphilitic manifestations ad infinitum. I have given him an emetic every week from that time to this and a bottle of that medicine—one and one-half ounces of medicine to two and one-half ounces of syrup—and that man has come to know the world as a bright place to live in. A young man working for a gas company for three and one-half years. They keep him for the hurry-up business and they sent him down town on a hurry-up call one night to one of those houses draped with red and the young man went in and saw something quite attractive and got something that he did not bargain for and his mother said to me: 'Doctor what is the matter with William?' I never saw or expect to see a more typical case and I said: 'If William will come to the office, I will treat him.' And when he came, I asked: 'Where did you get this?' He acknowledged the corn right straight. I gave that man four emetics and steam baths. I could not get him to take any more. He said: 'What's the use? He got married six months after that although I advised him not to, and eight months after a child was born which was black as the ace of spades. I have delivered his wife since of another one as fine a child as any one could wish to see, but there has never been a spot on that man from that day to this.'

Question—"How about the child?"

Dr. England—"All right, sir, these are cases that have been treated by this mode. The doctor spoke of the mode of getting up this compound. These were all percolated by one man, Charles S. Baker, who charged \$4 a gallon for it and it made a very fine compound."

After I read the article in the September, 105, *Physio-Medical Record*, I wrote Dr. England and asked him about the dose of the compound and received the following, which is very interesting:

"Yours of recent date received this A. M. The mode of administering the berberis compound is one and one-fourth ounces in a four-ounce bottle, fill with simple syrup. Dose one drachm, four times per day before meals and at bed time; if the bowels move too freely with this amount, do not put in so much of the compound and vice-versa. The treatment must be kept up for at least one year, fifteen months is better. There is no guesswork about it, doctor, it will cure; but restrict the diet from all or mostly all starchy foods, etc., as indicated in syphilis."

I wrote Dr. McCandless, and asked him the same questions, and he said:

"Chas. S. Baker makes this fluid extract compound and lists it as 85 cents a pound. Directions on label: One ounce and half of

the fluid extract to two and one-half ounces syrup. Teaspoonful or more four times daily."

This compound is of value as a liver medicine in case of biliousness, torpid liver, constipation, and as a general tonic. In chronic forms of tonsillitis it is of great value and is of value in chronic bronchial troubles, and also many forms of acute diseases of the respiratory organs. Most all skin diseases can be benefited or cured by this compound. Chronic constipated patients will be greatly relieved or cured by its use. It is of great value in scrofula and various other diseased conditions too numerous to mention. If a physician will use it as a "leader" in his practice he will get good results, especially in localities where there is much malaria, torpid livers and constipation, as it is a liver medicine of great value and a powerful alterative. In most all cases the liver is the first organ to receive attention, and in many cases it is all that is needed. A person could take berberis aquifolium compound, lobelia, capsicum, myrica, santonin, quinine, asclepias, dioscorea, motherwort and cactus and do a general practice without the use of any other drug.

Dean Spring, Ark.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The Second Row in My Medicine Case.

NO. III. SUBNITRATE OF BISMUTH.

This salt of bismuth is an odorless, and almost tasteless heavy white powder. It is insoluble in alcohol and nearly so in water, but it is readily soluble in hydrochloric acid.

The subnitrate of bismuth is insoluble in the gastro-intestinal juices. It coats the intestinal mucous membrane, lessening the secretions and absorbing excess of free acids, and at the same time acting as a sedative and feeble astringent. In consequence of its conversion into the sulphide, the tongue and stools are tinged a dark, clay color by its use.

This salt of bismuth has a very soothing influence upon mucous surfaces. It is, therefore, useful in all irritative conditions of these surfaces. In irritative vomiting and diarrhea it is a very efficient remedy. It is also of value in gastric pain. In pyrosis it is deemed extremely useful, and in chronic diarrhea and dysentery it is a superior remedial agent. In these diseases it may be combined with magnesia. The diarrhea of typhoid fever and cholera infantum also come within its range of usefulness. In gastric ulcer

it should constitute a part of the treatment, and in gastritis caused by the excessive use of alcohol it is often a much needed medicament.

Externally the subnitrate of bismuth is satisfactorily employed in intertrigo, erythema, acne rosacea; as a protective dressing for wounds, ulcers and epithelioma, and as an application for chapped nipples and hands, and in chafings and irritations of the skin. It relieves smarting and itching. It is also serviceable in fissure, prolapsus ani and superficial burns.

Local applications of the subnitrate of bismuth have sometimes given rise to gastro-intestinal irritation, salivation, sore gums and sloughing in the palate, but these symptoms rapidly disappear on removing the dressing.

The leading indications for the subnitrate of bismuth are as follows: Uneasy sensations or pain in the stomach, with eructations of acid, or acrid material; weight in the stomach, with fullness, and cramping after eating; irritation of the stomach near the close of digestion; diseases of the stomach; when the tongue is red, pointed and elongated. Locally, ulcers and diseases of mucous tissues, with profuse discharges.

The dose of the subnitrate of bismuth is from 1 to 15 grains. It should not be prescribed with any other agent in solution.

Calcareæ Carbonica.

The following comments on and quotation from Dr. H. T. Webster's interesting article on the above named drug, recently published in the *Eclectic Medical Journal*, are taken from the *Eclectic Medical Gleaner*.

"According to Dr. Webster, the ridicule heaped upon the homeopaths for the use of animal remedies, borrowed from the practice of the ancients, has now been hushed since the old school has begun to dote upon animal extracts. Organic substances, he says, 'need not belong purely to the vegetable kingdom in order to possess specific therapeutic power'—a fact that 'did not escape the observation of that great advocate of specific medication, Professor Scudder,' who favorably noticed the virus of the honey-bee (apis) and the web of the spider (tela araneæ). Dr. Webster speaks highly of calcareæ carbonica, and adds it to our specific resources, and outlines the conditions and indications for its use as he has worked them out tentatively. The ordinary homeopathic indications would seldom lead him to use it. He values it especially in chronic diseases and employs the 3x trituration in 2 or 3-grain doses every two or three hours. Calcareæ carbonica is not often confounded with carbonate of lime produced by incineration. He says:

"Calcareæ ostrearum is prepared from the middle layer of the oyster shell in its fresh state, and is an animalized preparation, rep-

representing properties due to organic growth, which would be destroyed if subjected to incineration. The soft white substance lying between the external and internal hard layers of the shell is triturated and prepared in dilutions and triturations for medicinal use, and is commonly labeled as *calcareo carbonica*, though it is evident that it represents something quite different from ordinary carbonate of lime. * * *

"*Calcareo ostrearum* possesses a specific affinity for mucous membranes. It is most applicable to affections of mucous membranes in strumous subjects, but it is also applicable to any subject presenting indications for it, whether strumous or not. It improves the vitality of relaxed mucous tissue with inflammatory action in the mucous glands, especially if that inflammation be of subacute character and attended by profuse secretion from the mucous follicles. Hypersecretion, however, is not essential to its application, when persistent irritation of subacute or chronic nature is present. After a cough has passed its acute stage, we have nothing which so commends itself to those who have become acquainted with it as this agent. Long-continued use is not essential to the obtaining of its beneficial effects. The answer is prompt and satisfactory within a few days, and often within a few hours.

"Of course we must not neglect specific indications for other remedies when these are pronounced, but where there is persistent pulmonary irritation with attendant cough, we may think of *calcareo* with confidence and profit in most instances. Especially is this the case where there is profuse expectoration and the cough is painless, with easy raising of the material. Profuse secretion, however, need not be a requisite. Chronic irritation, involving the mucous follicles, would be indication enough for its use. Old cases of capillary bronchitis furnish a splendid place for its administration, though here we may find it well to alternate minute doses of tartar emetic. It is particularly efficacious in persistent coughs in children and the aged. If there is a remedy which will promptly arrest incipient catarrhal phthisis in a strumous child, this is one. It will not cure tuberculosis, but it will go very near the dividing line. As a tonic to the pulmonary mucous membrane in convalescence from bronchitis, whooping cough, measles, and other conditions liable to be attended by strain upon the respiratory surface, nothing is more liable to produce happy results. Its influence is pervading, extending all over the respiratory surfaces, from the nares and their reflections to the limits of the pulmonary alveoli. It is one of the best remedies we possess in post-nasal and pharyngeal catarrh, and it alternates well with specific laryngeal remedies in chronic laryngitis, to control profuse secretion. Its influence is always soothing where there is irritation, while it is also markedly restorative and tonic in its effect."

"Dr. Webster also finds it useful in muco-enteritis and chronic diarrhoea (non-ulcerative and when the mucous follicles alone are affected)."

Copper in Typhoid Fever.

In referring to an article on the use of copper in typhoid fever by Dr. J. F. Stevens, published in a recent issue of the *Western Medical Review*, the editor of *Clinical Medicine* says:

"Dr. J. F. Stevens tells of forty-three consecutive cases of typhoid fever treated by him with copper sulphate. Most of these were in a hospital at Lincoln, and all received the Widal test except where there were more than one in a family. Most cases were traced to infected milk. There was one death.

"The drug treatment was by the sulphate of copper, two drops of a six per cent. solution in water every two hours. The dose was halved when the stomach became intolerant, which was often the case. Cases seen early had also large colonic flushes of copper solution, five grains to the quart. Baptisia was added for bad breath. The diet was a glass of buttermilk every four hours. Soups were given in the intervals, and invariably fruit juices, especially that of tomatoes. General sponging and abdominal ice-bags were directed against fever. Three recrudescences occurred, all from evident imprudences. Subnormal pulse during convalescence was attributed to the copper. This often occurs under zinc sulphocarbolate. The fatal case was a man saturated with syphilis, and death came two weeks after recovery from typhoid.

"Dr. Stevens calls attention to the even course of the fever, the absence of complications, the short time before convalescence was established, and the shorter course when copper flushes were given early. He questions the toxicity of copper, of which the vegetarian takes about one milligram daily in his food. Contrast with this the action of copper as an antiseptic. One part per billion kills algae. Typhoid germs succumb to one part to 100,000 or 500,000. Sublimate is a trifle more destructive and far more toxic to man."

Macrotys in Abortion and Suppression of the Menses.

Threatened abortion is often very difficult to arrest. If the os is dilated and blood is escaping from it, it is not always good treatment to attempt to stop the miscarriage, but so long as no blood has escaped it is the duty of the physician to use every means at his command to carry the woman over the critical period. Even if successful and the patient gets up there may be a return

of the threatening symptoms. It is therefore advisable to keep the woman on preventive remedies for a considerable time. Among the needed remedial agents macrotys is perhaps at first the most important. From ten to twenty drops of the specific medicine (or a good fluid extract) should be administered three or four times a day. At the same time the rectum must be kept empty by warm enemata once or twice a day, and all violent muscular exertion must be avoided. The macrotys should be continued for at least one week, when it may be replaced by viburnum prunifolium, which should be given in doses of thirty to sixty drops three times a day for a considerable time. It can be continued as long as necessary without injury to either mother or fetus.

Macrotys also constitutes a medicament of great relieving power in cases of suppression of the menses due to cold, sudden shock, fright, grief or other mental emotions. These cases are attended with dull headache, severe backache, soreness in the muscles, pain in the limbs and bearing down sensations in the pelvis. A few doses of the specific medicine of thirty to sixty drops each, if accompanied by hot footbaths and warm douches, will usually bring on the flow.

In treating these cases, however, it is always well to be sure that the little spermatazoön is not responsible for the work attributed to cold. He is no respecter of persons, and is very apt to treat all—both high and low—very much alike.

Olive Oil as a Lubricant.

In a timely article on the "Lubrication of the Stomach and Intestines," Dr. F. P. Davis, of Agra, Oklahoma, in part says:

"The stomach being a muscular organ, so constructed that it exerts a mechanical action on the food, and this action depending to a considerable extent on the bulk of the food upon which it has to work, it naturally follows that the many concentrated foods now in use lack sufficient bulk to excite the muscular contractions of the stomach, hence this organ becomes inactive; there is a deficiency in the amount of gastric juices secreted; and the system becomes weakened through the lack of proper nourishment.

"When nothing of an oily nature is taken with the food, the surface of the stomach, and entire digestive tract, becomes inflamed and irritated through contact with this continually moving mass of dry material, bringing on the various forms of stomach and intestinal diseases. On the other hand, when this surface is properly lubricated, the contents move more readily, cause no inflammation or irritation, and hence no disease.

"Not only is this the cause of many diseases, but they can

often be cured by simply supplying the proper lubrication to the parts. Where a sufficient quantity of pure olive oil is taken with the food, it not only lubricates the digestive tract, but has a tendency to reduce the acidity of the gastric juices, thus preventing erosion, while at the same time it quiets irritation and acts as a gentle laxative. Waldo found it of great benefit in ulcer of the stomach, and it has proven to be one of the very best remedies that I have found in hemorrhoids and diarrheas.

"In a case where the patient suffered severe headache from riding on the cars, a permanent cure was obtained from taking olive oil with the food. In nausea of pregnancy I have found olive oil a very reliable remedy. In these cases I usually add a little menthol to the oil. Where the proper lubrication of the stomach and intestines is maintained there will be but little call for cathartics, as nature will do her work well when furnished the proper materials, and allowed to perform her functions in her own way."

Diet in Typhoid Fever.

The editor of the *Journal of Therapeutics and Dietetics* clearly expresses the opinion of many physicians who have had large experience in the treatment of typhoid fever when he says:

"It is undeniable that many typhoid fever patients have done well on a water diet, and there is no danger that a typhoid patient 'fed' during the first six days exclusively on water will starve to death; on the other hand, the treatment of typhoid fever by a more liberal diet is, with ordinary care, free from the dangers charged by the water feeders, and is certainly more acceptable to the patient and his friends.

"Milk is undoubtedly the best food in typhoid fever, as it combines all the ingredients essential for the maintenance of bodily temperature, strength, and repair of waste. Milk is also an efficient diuretic, and stimulates elimination by the kidneys, which is important in lessening typhoid intoxication. Unfortunately, milk disagrees with some typhoid patients, in which case it should be modified in some way. The addition of lime water or vichy water, barley water, or other cereal water is often sufficient.

"Buttermilk makes an ideal food as well as an agreeable change. The same applies to koumiss. Malted milk, which is non-irritatory to the gastro-intestinal canal, does not constipate and is much more digestible than ordinary milk, is a most excellent food in typhoid fever.

"Overfeeding is to be avoided, as gastric disturbances and diarrhea almost invariably result. Curds found in stools, where milk

has been used, indicate overfeeding, and the amount should be lessened. Water and lemonade may be freely given."

Ferrum Phos. and Kali Mur. in Gonorrhea.

I have treated several cases of this disease by administering a solution of a teaspoonful of the trituration of ferrum phos. and kali mur., one drachm of each, in four ounces of water. Of this, a teaspoonful was given every two hours. In my entire experience I have never seen any other treatment work more nicely than this. No injections, nothing else but the internal medicine. Usually within twenty-four hours the patient is free from pain. I do not undertake to explain what becomes of the gonococci. I do know that the patient makes a complete and satisfactory recovery.—*Dr. W. E. Kinnett, in Ellingwood's Therapeutist.*

Rumex Crispus.

The roots of this plant possess in a large degree the power of receiving the iron of the soil and transforming it into organic iron in a loose combination with the tissues of the plant. The iron in the plant can be increased by increasing the iron of the soil, and also by watering it with a solution of iron carbonate. The plant thus cultivated has been used with markedly beneficial results in anemias and tuberculosis.

Phenol.

The United States pharmacopeia having so decreed, carbolic acid will hereafter be known as phenol. The 95 per cent. solution is to be known as phenol liquefactum. The name salol is also changed to salicylate of phenol. It will be well to bear these changes in mind when writing prescriptions containing either of these frequently employed drugs.

Glonoin in Hemoptysis.

Glonoin diminishes the flow of blood to the lungs, and is, therefore, an indicated remedy in hemoptysis.

Lactic Acid in Typhoid Fever.

Part of the benefit of milk in typhoid fever is due to the antiseptic action of lactic acid.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Los Angeles in June, 1907. E. H. Stevenson, M.D., president; J. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1907. A. E. Broga, M.D., president; E. H. King, M.D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearlstien, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. Electa A. Brown, M.D., president; Pitts Edwin Howes, M.D., secretary.

National Association Bulletin for March.

(Note.—It will be the purpose of the National Association officers to present monthly bulletins from now until the next meeting.)

Already we have had a report of the visit of our president, Dr. Stevenson, and our corresponding secretary, Dr. Helbing, to the meeting of the Texas Association, where much is being done that is interesting and progressive.

All sections for the coming meeting have been carefully officered and the work of preparing a splendid program for the coming meeting is progressing.

It is the earnest desire of the president and all the officers that each and every Eclectic in the United States shall do his full duty for the good of the cause in general, and himself in particular. To this end prepare your papers early and carefully that they may be a credit to our permanent literature and the author as well. Have your article typewritten, and if you find it impossible to attend the meeting, send your manuscript to the secretary of the society no later than June 1, that it may be referred to the proper section in its order, and no valuable essays lost.

At the close of the Put-in-Bay meeting our treasurer, Dr. Jones, after paying expenses to the amount of \$1,541.81, paid to his successor, Dr. King, \$803.40.

Personal communication is solicited and will be kept up with every local and State association where the proper address can be obtained.

The success of the separate societies, as well as the National, will depend upon the personal efforts of the individuals, their activity and loyalty.

The secretary's work, in so far as it pertains to the transactions, is before each member in good standing, unless by change of

address, unknown to us, we have been unable to reach you.

Begin now to renew life with the coming Spring and add renewed loyalty and energy to the cause.

WILLIAM P. BEST, Secretary.

Eclectic Medical Society of the State of New York.

The Eclectic Medical Society of the State of New York held its forty-seventh annual meeting in the Common Council Chamber, Albany, New York, on Wednesday and Thursday, March 6 and 7, 1907. The meeting was called to order promptly at ten o'clock on Wednesday morning, G. W. Boskowitz in the chair, E. H. King recording. After prayer the secretary called the roll of permanent members, more than a quorum being present the chairman proceeded to fill the vacancies in the board of censors, and appointed the various committees. The credentials of delegates from auxiliary societies was then referred to the board of censors, and during their consideration of the same the society listened to the verbal reports of auxiliary societies. Dr. King reported for the Albany-Saratoga district, Dr. Ensign for the Central New York, Dr. Tyrrell for the Eclectic Medical Society of the City and County of New York, Dr. A. R. Tiel for the Hudson River District, Dr. Pearlstien for the Kings County, Dr. Brandenburg for the Sullivan County and Dr. Smith for the Western New York. After listening to these verbal reports, the report of the Board of Censors was received and adopted. The minutes of the last meeting were then approved as printed. We then listened to the presentation of bills and the reports of the secretary and treasurer. The reports were referred to the auditing committee, and upon their approval adopted. The nominating committee was then appointed, after which the society listened to the committee reports, necrology, exhibits, transactions, prize essay and legislative. This committee, after a lengthy report, presented the following resolutions: Resolved, That the people of this State demand absolute freedom of choice in the selection of school or system of medical treatment. Resolved, That we believe that the present medical law is just and equitable, giving to each of the recognized schools their individual board composed of members recommended by their authorized organization or State Society; and that this system, which has proven so satisfactory, be not interfered with. Resolved, That we do hereby enter our protest against Senate Bill No. 154 and Assembly Bill No. 160, as this so-called Unity or One-Board Bill would interfere with the present system and does not recognize the necessity of examination in Materia Medica and Therapeutics, one of the most essential departments of medical practice; and also that it gives to the said board certain police powers and jurisdiction which we believe should be invested alone in the courts of this state. These resolutions were unanimously adopted

and the secretary instructed to send a copy to every senator and assemblyman.

The society then adjourned to meet at three o'clock.

Afternoon Session.—The meeting was called to order by President Broga. Secretary King read a synopsis of the morning session, after which the president delivered his annual address, which was listened to with much attention and appreciation by the society. (This address, together with some of the essays, will be published in next month's Review.) The remainder of the afternoon and evening was devoted to the reading and discussion of essays. The first paper presented was by Dr. G. W. Boskowitz, of New York City, on "Hot Water and Eclectic Wash in the Treatment of Infected Wounds." Dr. Lee H. Smith, of Buffalo, read a paper on "Repair of Lacerations of the Uterus and Perineum." This was followed by a most interesting address by Prof. John Uri Lloyd, of Cincinnati. Dr. M. B. Pearlstien, of Brooklyn, read a paper, "The Uterine Sound, Its Indications and Contra-indications." Dr. Pitts Edwin Howes, of Boston, spoke of the meetings of the National at Los Angeles and described in detail the trip arranged for the eastern party. Dr. O. A. Hyde, of New York City, presented a dozen or more interesting pathological specimens, giving a brief description of each one. Dr. W. L. Heeve, of Brooklyn, read a paper on "Equisetum Hyemale." Dr. H. Harris, of New York City, one on the comparative value of heart remedies, and Dr. Charles Lloyd, of Brooklyn, a paper on the non-surgical treatment of prostatic diseases.

The society then adjourned to meet at nine o'clock Thursday morning.

Second Day.—The meeting was called to order by President Broga, Secretary King recording. A synopsis of the minutes of the previous day was read for information, some miscellaneous business was transacted, corresponding secretary's report was read and adopted, board of censors made their final report, after which the nominating committee made the following report: For president, G. W. Thompson, New York City; first vice-president, H. Stoesser, Union Course; second vice-president, W. L. Heeve, Brooklyn; third vice-president, P. A. Allen, Cobleskill; treasurer, W. J. Krausi, Brooklyn; recording secretary, Earl H. King, Saratoga; corresponding secretary, G. W. Boskowitz, New York City; board of censors, first district, C. A. Tyrrell, New York City; second, M. B. Pearlstien, Brooklyn; third, A. R. Tiel, Matteawan; fourth, F. P. Sinclair, Lysander; fifth, C. W. Brandenburg, New York City; sixth, M. G. McGinnis, Liberty; seventh, L. E. Horton, Avoca; eighth, L. H. Smith, Buffalo; college. O. A. Hyde. For State examiners, Eli Denny, of Nassau; D. E. Ensign, of McGrawville; H. S. Blackfan, Cambridge; F. P. Sinclair, Lysander.

President Broga appointed Drs. Hardy and Perrine to introduce the officers-elect, which they did in a neat and appropriate manner. Each officer as introduced responded, assuring the society of their appreciation and good will. Drs. Pomroy and Krausi had presented the society, early in its session, with some beautiful flowers which, by vote of the society, were, after the meeting, sent to the City Hospital.

After recording its thanks to Drs. Pomroy and Krausi, the retiring officers, the press of Albany, the superintendent of the Common Council, the exhibitors, etc., the society adjourned to meet in Albany the first Wednesday and Thursday in March, 1908.

The Eclectic Medical Society of the City and County of New York.

The Eclectic Medical Society of the City and County of New York held its regular monthly meeting in the auditorium of the college, at 9 P. M., President C. A. Tyrrell, M. D., in the chair.

The minutes of the December and January meetings were read and approved.

Dr. Charles Brandenburg introduced a patient for examination and diagnosis, giving the following history: Young man, age 27 years, vaudeville singer. Mother living, in good health; father died of pneumonia. About three years ago patient complained of having trouble with his stomach. He was in the habit of drinking beer day and night; at night he usually drank from six to twelve glasses of beer. He had been taking medical treatment until he consulted Dr. Brandenburg. He came to the office for examination and treatment May 7, 1906. He was seen about every ten days until August 3. He would have intermissions of feeling better, and then relapse. At this period, he was advised to go to a hospital and went to the Post Graduate. He was examined by the house physician, and the case was diagnosed as chronic gastritis. He received treatment, with medicine and suggestion that he would soon be cured. The first two days he said he felt better, after that he complained as before, suffering pain in the stomach. On August 20, he called on Dr. R., of Brooklyn, a stomach specialist. He was examined with an electric light bulb, it being introduced into the stomach; he was then given a piece of bread and butter with a glass of water and told to return in an hour's time. On his return, the stomach tube was used to remove some of its contents, the patient was told that he had digested pretty well. He called every day and had the stomach washed out, followed by medication, nitrate of silver being part of the treatment. He was allowed four meals daily, the diet consisting of milk, eggs, chopped meat, soup, baked potatoes and toast; for drink, stout, porter. After each meal, a dose of bicarbonate of soda was taken. A pill of asafoetida was also taken, and other

medicine that was so strong that it made him feel as though he was "spitting cotton."

The patient not improving, he received electric treatment, faradic, galvanic and vibratory; then he had the rectum injected with two cups of oil every night, to be kept in till morning, if possible, followed by four quarts of water with fountain syringe, and the stomach tube was used every morning. Then his rectum was stretched with three large sizes of dilators, morning and evening, for fifteen minutes; this, he said, made him "feel good" for a while. Dr. R. then sent him to the Manhattan Eye, Ear and Throat Hospital. There Dr. C., after examination, said all the trouble the patient had was post nasal catarrh, and gave spray treatment. The patient then returned to Dr. Brandenburg for treatment, complaining of the want of sleep, sour stomach and eructation of gas. The president appointed a committee to examine the case, consisting of Dr. O. A. Hyde, Dr. Harris, Dr. Hardy, Dr. Skou and Dr. MacDermott. The committee reported the diagnosis as one of gastroptosis with dilatation. The committee recommended for treatment stomach support and electricity. A vote of thanks was given to Dr. Brandenburg and also to the committee.

Prof. O. A. Hyde exhibited seven pathological specimens, with comments and explanations. One was a fracture of the neck of the femur. A uterine fibroid. A strangulated intestinal loop in hernial sack. Another of adherent pericardium, and one of hypertrophy of the heart. A foetus of about seven months inclosed in unbroken membranes, and a foetus seven months, with lower extremities united; there was no intestinal outlet—no anus—there was also a growth on the back resembling a coxcombe. These were very interestingly explained by Dr. Hyde, and a vote of thanks tendered to him by the society.

It was moved and carried that a letter of sympathy from this society be sent to the widow of the late Dr. Wyatt-Hannath.

Voted to adjourn, subject to the call of the president.

CHARLES LLOYD, Secretary.

Kings County Eclectic Medical Society.

The Kings County Eclectic Medical Society held its fourteenth annual meeting at the home of Dr. M. B. Pearlstien, 309 Hewes street, Tuesday evening, February 12, 1907.

The Society was favored with a large attendance from Brooklyn, as well as a large delegation from the Eclectic Medical Society of City and County of New York.

President Stoesser delivered his annual address, which was both interesting and instructive. The doctor pointed out the usefulness of specific medication, denouncing the one-board bill and

advocating equal rights and privileges before the state board of medical examiners.

Prof. Geo. W. Boskowitz next addressed the Society, and in the course of his remarks suggested several ways to defeat the one board bill.

Dr. Wm. J. Krausi read a paper on "Hot baths in burns and scalds." Dr. M. B. Pearlstien presented a clinic case of burns of third degree about the neck, shoulder, and arm that completely recovered after the treatment as suggested by Dr. Krausi was administered.

Dr. J. De Beer read a paper on "A very rare type of vicarious menstruation."

Dr. M. B. Pearlstien read a paper on "The eye and its relation to the sympathetic nervous system."

Dr. Wm. Baetz read a paper on "Cannabis Indica and its toxic effect." All the papers were thoroughly discussed by the doctors present and many new thoughts brought out.

The same officers were elected for the ensuing year.

M. B. PEARLSTIEN, M. D., Secretary.

Selections

A Healer of Deafness.

The editor of the *Critic and Guide* has a very forcible way of stating things, and when he "gets after" a fraud there is never any possibility of misunderstanding his position. He is a good fighter, but a bad quitter. This fact has undoubtedly become fairly well impressed upon the minds of most of the fakirs of this age of fads and frauds. Last month Brother Robinson sharpened an extra quill preparatory to paying his respects to one Eleanor Kirk, and under the caption of "Insanity, Downright Fraud or What," let himself out as follows:

"I try to be charitable. Earnestly and honestly I try to put myself in the other person's place and try to understand his or her point of view. I distinctly dislike, it is very painful to me, to have to characterize a person as insane or as a fraud. But try as I may, I very often have no alternative.

"I have just read an article on Deafness by one Eleanor Kirk. I read it and read it again. The writer tries to convince a correspondent that deafness can be cured without any material agency—by absent treatment or Christian science. As I say, I read the article again and again, and I tried to be charitable—and still I have no other conclusion but either horn of the dilemma: Either the woman is a downright fraud who is attempting to get out a fee from a victim for absent treatment, or she is so silly, so ignorant as to be very near the borderline—of insanity. How deep her knowledge of pathology is seen from the fact that she speaks of deaf ears as 'stopped' ears, not knowing

apparently that deaf ears are often anything but stopped ears; on the contrary, they are often too open, the drum membranés being ruptured and gone. How *thinking* or putting yourself in harmony with your 'healer' will heal a ruptured drum membrane, necrosed ossicles or an impaired auditory nerve, only a person who has lost his (or her, it is generally her) power of logical reasoning, alias a Christian scientist, can explain.

"We cannot.

"Do you want to have Eleanor Kirk's convincing argument that deafness is readily cured by the faith healer? Here it is: 'The real healer,' she says, 'knows that as God is the healer of all our diseases, one disease can be no harder to heal than another.' In other words, according to Miss or Mrs. Eleanor Kirk, it is no harder to heal a cancer than a toothache or a bunion. But here is the clinching part of the argument. 'His (the healer's) business is to convince the patient that he is a spiritual being and that deafness does not inhere in Divine Mind. If not there, it is nowhere.' Well, isn't that conclusive? If you are not convinced then you are too skeptical. I can do nothing with you. Go to—Mother Eddy.

"And all through the article she speaks of treating the case 'scientifically.' It is nauseating to see how the sacred name of true science is prostituted by the most ignorant fakirs, the most superstitious sects, the most absurd clowns. Science indeed!"

Cutaneous Absorption of Betul-ol.

BY DR. EDMUND GROS, PARIS.

Betul-ol is more quickly absorbed and is not more expensive than wintergreen oil, besides relieving pain in rheumatism almost as soon as applied; it is even unnecessary to apply it to the painful part, where there is great tenderness, since in passing into the circulating media of the body, it is transformed into sodium salicylate and thus comes in contact with any inflammatory tissues through the circulation. It gives relief also in much smaller doses than is required when we administer the salicylates through the gastrointestinal tract, since each part taken up through the skin is converted into an equal amount of sodium salicylate without being affected by or disturbing the digestive processes of the economy.

It is useful in local affections such as tonsillitis, myalgia, etc., and has been recently applied in pruritus, prurigo and lichen simple, and is applicable wherever we look for local anti-rheumatic results.—*International Therapeutics*, March, 1906.

"Beauty as a Factor in Disease."

The New York Pharmaceutical Company, Bedford Springs, Bedford, Mass., has just issued a most interesting and instructive

booklet under the above caption which gives in detail the various methods adopted by the female sex of the many savage and semi-civilized tribes to increase their attractiveness in the eyes of the male portion of their tribe or race.

In some instances this so-called improvement or attractiveness is carried to that degree of regional development that locomotion is impossible. A copy of the booklet will be sent upon application.

Aborting Pneumonia.

BY JOHN F. HARRIS, M.D.

"Some time ago I was called eight miles into the country to see my father. He gave this history:

He was seized early in the morning with a chill lasting over an hour, followed by high fever, cough, stabbing pain in right side below the nipple—typical symptoms of pneumonia.

I enveloped his thoracic cavity, front, sides and back with a thick dressing of antiphlogistine, and covered it with a cotton lined cheese-cloth jacket. I gave a brisk purgative and *veratrum viride*.

The results were great. Relief from pain; diminution of fever from 104° to 100°; copious perspiration, and subsidence of cough. This was followed by a general favorable reaction and rapid convalescence. The results were all that I could expect."

Gasden, Tenn.

Book Reviews

Paraffin in Surgery. A critical and clinical study by Wm. H. Luckett, M. D. Attending Surgeon, Harlem Hospital, Surgeon to the Mt. Sinai Hospital Dispensary of New York, and Frank I. Horne, M. D., Formerly Assistant Surgeon, Mt. Sinai Hospital Dispensary, 12mo.; 38 Illustrations; 118 Pages. Surgery Publishing Co., 92 William Street, N. Y. City. Cloth \$2.

This book covers a special field in surgery of absorbing interest both to the surgeon and general practitioner. The research and original investigations made by these authors in the use of paraffin have exploded many fallacies previously maintained. It presents the chemistry of paraffin, the early disposition of paraffin in the tissues, physical state of the paraffin bearing on its disposition, the ultimate disposition of paraffin, technic and armamentarium. It thoroughly covers the use of paraffin in cosmetic work such as saddle nose deformity, depressed scars, hemiatrophia facialis with a large number of photographs showing cases before and after operation, with illustrations of micro-photographs of the disposition of the

paraffin in the tissues. It also presents other conditions of a functional character, where paraffin can be used with service such as incontinency of urine, umbilical and ventral hernia, inguinal hernia, etc. The subject is presented in a scientific yet comprehensive manner.

Full details are given as to the method of preparing the paraffin as well as the method and manner in which it should be injected. This book presents a wide field for the use of paraffin and a copy should be in every physician's library. It is printed upon heavy coated book paper and attractively bound in the best quality of heavy red cloth, stamped in gold. Price \$2.00.

Itinerary for Los Angeles.

Recipients of the "Review" have doubtless been much interested in reading the description of the trip of the eastern delegation to the meeting of the "National" at Los Angeles next June.

The competent manner in which Dr. Pitts Edwin Howes arranged and carried out all the details of the trip to Portland, Ore., ten years ago, led the eastern people to ask him to assume the responsibility of arranging the tour of this present year. We were extremely fortunate in securing the doctor's acceptance of this task. Notwithstanding the added labor that has been placed upon his shoulders by the editorship of the "Journal of Therapeutics and Dietetics," we are glad to inform our readers that all arrangements for the trip are completed. A very unique and artistic itinerary has been published by Dr. Howes, giving concisely all necessary information. The advance copies were distributed at the meeting of the Eclectic Medical Society of the State of New York at its recent meeting, where much enthusiasm was manifested and many pledged themselves to attend the meeting of the National. Copies of this itinerary may be had by addressing Pitts Edwin Howes, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and we would advise every reader of the "Review" to send for a copy and see for themselves what a delightful trip has been arranged and for a comparatively small amount.

Druggist's Circular, January, 1907.

The publishers are to be congratulated upon this magnificent issue, which marks the fiftieth year of its publication. It contains 194 pages of pharmaceutical history, biography and scientific papers, and 128 pages of advertisements. It is profusely illustrated.

Proceedings and papers of the Kansas Eclectic Medical Association.

Thirty-eighth annual session. Compiled by E. B. Packer, M.D., Osage City, Kan. Topeka, Kan., May 10 and 11, 1906.

This is a neat volume of a hundred pages and shows that Kansas has an active and energetic Eclectic Medical Society.

"Modern Surgery—General and Operative," by John Chalmers Da Costa, M.D. Professor of the principles of surgery and of clinical surgery, Jefferson Medical College, Philadelphia; surgeon to the Philadelphia Hospital, and consulting surgeon to St. Joseph's Hospital, Philadelphia. Fifth edition, thoroughly revised and enlarged with 872 illustrations, some of them in colors. Philadelphia and London. W. B. Saunders Company, 1907. Price: Cloth, \$5.50 net; sheep or half morocco, \$6.50 net.

The earlier edition of this book we reviewed at length. This new fifth edition has been thoroughly revised, enlarged and brought up to date. Many sections have been altered or expanded, and over 150 pages of text and many new illustrations added. The size of the volume, however, has not been increased. It has been used as the text book in this department in our college for several years, and given universal satisfaction.

Items

Notice that Waite & Bartlett have removed to 113-115-117 West Thirty-first Street, New York. Their telephone number is 5795 Mad. Sq.

The corresponding secretary received a very pleasant letter from President Stevenson conveying greetings and wishing us success at our state meeting. Sorry it came too late to be read at the meeting.

Dr. M. A. Rush, of Anderson, Indiana, says: "I have used Sanmetto in enlarged prostate and chronic cystitis in old men, with marked good results, and observed that there was decided aphrodisiac effects; also in irritable bladder and urethra in the early months of pregnancy, with very happy results.

We were glad to see "Big Dan" at the gathering on February 28. He looked and acted as in the days gone by.

Patronize your advertisers and you are sure of pure and reliable drugs.

"Constitution" was at the meeting with just a small kick.

Evidently our worthy secretary, Dr. Helbing, has been misinformed as to the rates from New York and Boston for the National meeting. He quotes \$78.75 from New York and \$79.50 from Boston. True, that is the one-way fare via the Grand Trunk Railroad to Chicago, but 12 to 18 hours more on the road and the number of extra meals, thereby rendered necessary, make the expense considerably more than by the most direct route. Then again, Dr. Helbing has failed to add the \$1 which is always demanded by the trunk lines on one-way fares. Counting the loss of time and the meals, Dr. Helbing's figures should be increased by at least \$6.

Eclectic Physicians and the National Pure Drug Law.

In view of the great importance to physicians of some phases of the national pure food and drug law, it is essential that Eclectic physicians be advised in detail concerning its intent and enforcement. Although there is no reason why any physician should have any trouble in legitimate practice, it is necessary that all physicians should know what the law comprises in their direction and just how to avoid breaking the law by either omission or commission. The Lloyd Library contains all the information needful to make a complete record, and Professor Lloyd has taken it upon himself to care for the interests of Eclectics. The publishers' department of the Gleaner for March will carry a detailed study (the only one made, so far as we know, designed for physicians), giving every phase of the law that relates to physicians. This will save them every worry over the subject, and will enable them to separate the many floating errors and mis-statements from the facts.

Bee Bee was riding backward when he struck that Schenectady hill.

The Cambridge waiter was a great success.

Our fair haired boy defended his paper with dignity and good argument.

The milkman made some heartless thrusts.

The state is safe. "Admiral Tommy" is at the wheel.

Oneida "got there"—but a little late.

The flowers were beautiful and the "Judge" and "Weary Willie" deserve our thanks.

The Judge and the kids had a good time playing pool.

Uncle Sam's installation speeches were certainly corkers.

Did you see the Prince blush?

Our Mt. Vernon expert and Count Pulitzer looked a little disfigured on Thursday morning.

We returned with a fine bunch of promises from Western New York.

Our Chesterfield's stay was short. Sickness compelled him to leave the meeting.

Mac. shouted loud—and "Weary Willie" still louder—so that papa's sleep was much disturbed.

Brooklyn's delegation looked fine and entered enthusiastically into the work of the evening session.

J. B. L. and his friends seemed to enjoy the high rollers.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. X.

NEW YORK, APRIL 15, 1907.

No. 4.

The State and "The Doctors."

It is with a great deal of pleasure that we reprint the following editorial from the March 19 issue of the "Brooklyn Eagle." It is a clear, concise statement of facts and free from prejudice.

The question, at this time, with reference to the substitution of a single medical board, for three examining medical state boards, has become one of urgency, because a fourth so-called school of medicine is now at the front—namely, the Osteopathic. Theoretically, the idea of a single medical board is preferable, in order that some standard can be exacted, as the minimum legal requirement for authority to practice medicine within the State of New York.

Clearly to understand the situation, however, one should recall the history of the last quarter of a century. No new medical legislation should be adopted, unless to our legislators it can be shown that the medical profession, not as one school calls itself, but as the state recognizes it, in its three forms, is united in the demand. The excellent medical practice act, which has lasted for so many years, became a law only when the dominant school of medicine united with the Homeopathic and the Eclectic schools, in an earnest effort to make the authority of a physician to practice medicine in this state one solely based on satisfactory knowledge and attainments. A result of this union was practically the expulsion of the State Medical Society from the American Medical Association, a national concern of Allopaths, and the formation of a state association in affiliation with the national body. The Society and the Association of this state are now united, and those who stand out strongly for the old order of affairs, in regard to consultation and in regard to what were called "ethics," are now prominent in the affairs of the reunited State Society.

That society now advocates a single board, and a law can be enacted to that effect, providing that the Homeopathic and the Eclectic state societies can both be brought to have confidence in the

New York State society. They are conditionally ready to unite with them, so that the entire profession will present their demands to the Legislature, and the position which the Homeopathic and the Eclectic schools of medicine take is an absolutely proper one. When the present three-board practitioners act was enacted, no more loyal supporters were to be found than the practitioners of these three schools. In the working out of this act, those three schools have maintained just as high standards, and have obeyed the spirit and letter of the law as conscientiously as those who represented the "offish" school.

The proof of this statement is to be found in the percentage of rejections of each of the three boards. To one who is conversant with post-graduate teaching courses, the percentage of matriculates from the Homeopathic and Eclectic schools does not differ materially from the percentage of the Homeopathic and Eclectic practitioners of the country. These practitioners are as earnest to improve themselves, their education is as thorough and their requirements for practice as high and as honorably maintained as those of the older school.

Since this is so, it would be unfair that a single board should be constituted, which, by any possibility, could ignore the rights of those practitioners who, although numerically in the minority, have shown themselves to be in favor of respectable medical standards. And unless the present control of the State Medical Society can guarantee to these other schools proper representation, and absolutely just treatment, they cannot expect support from those other schools of practice. And if the present proposed medical practice act shall fail, it will fail because of this fact. The Legislature is apt to be just and sure to be canny. It is thinking of voters more than of doctors.

Now, as to the Osteopathy bill. This has been presented, year after year, and will, if not this year, either in this or a modified form, pass within a few years. Osteopathic practitioners are here to stay. They have evidently found a place. They have undoubtedly accomplished results, they are entitled to due recognition, and they will receive it in some form. But to go on from the creation of a board for them to the creation of another medical board for the vitopaths, and, perhaps, with another for the somatopaths, and perhaps, with still another for the physio-medicals, as rapidly as these medical schools appear and become influential, it would be likely that in a few years we would have the spectacle of from eight to ten "medical boards," before any one of which a practitioner of medicine could be qualified.

That would be a truly ridiculous situation of affairs. If a single board could be constituted, which should conduct examinations in the fundamentals in surgical and medical practice, concerning which there is little difference of opinion, namely, anatomy,

physiology, chemistry, pathology, general medicine and general surgery, with the outlying specialties, and, in addition thereto, demand evidence of sufficient mental training and proper moral character in one who wishes to practice "medicine," as defined in a recent decision of Mr. Justice Clarke, of the Appellate Division, no proper objection could be made by any would-be practitioner, no matter what therapeutic faith he might possess.

This is ideal, and under the present state of affairs in all probability it cannot now be obtained. From this it seems that by far the better plan, at the present time, is to leave the present medical practice acts as they now stand upon the statute books, for it is conceded that the results have been excellent and have secured the end for which they were desired; namely, the protection of the people of the state from ignorant, incompetent and criminal would-be practitioners of medicine, and it is only upon the theory that the people will be better protected that a logical reason for a change presents itself at all.

In short, the Allopaths, the Homeopaths, and the Eclectics are sufficiently represented, recognized and protected now, and should be required to be content with present conditions—whether they like them or not, or like one another or not. The solicitude of the government and of the law is for patients, not for "practitioners."

From patients, from voters, no request at all has come to the Legislature, to meddle with the existing order of things, with this exception: The Osteopaths, by their best practitioners and patients, represent a large body of intelligent voters. That "school" is entitled to recognition provided its "doctors" meet the state's medical educational requirements or confine themselves within the strict bounds of their own practice. If they become duly educated physicians, they can practice their specialty and whatever else they please. If they do not medically educate themselves up to state standards, they should be held to and within osteopathy alone, and not be let get away from it. The best Osteopaths are as opposed to the unqualified as the best practitioners of other schools are to the unqualified ones of those schools or to those who assume the names or claims of those schools.

Increase of Weight in Phthisis.

The idea that a person may be infected with tuberculous bacilli and not only live for many years, but in the meantime grow fat, is, to say the least, a little outside of the usual line of medical thought. An author of large experience, however, describes a form of tuberculosis which, he says, is characterized by obesity. He is of the opinion that this variation of the tuberculous manifestation is due to two factors, namely, the soil on which the infection is implanted and the attenuated quality of the pathogenic agent. He

points out the fact that local tuberculous lesions are generally associated with an excessive deposit of adipose tissue, and states that his observations have caused him to come to the conclusion that there is a form of tuberculosis affecting fleshy persons which may become the starting point of contagion all the more easily, because the danger is not suspected. He also states it as his conviction that phthisis in the obese is a curable variety of tuberculosis—that it remains in the condition of a local lesion which is not incompatible with a reasonable length of life.

J. W. F.

A New Skin Disease.

A German writer states that he has recently been called upon to treat several cases of a skin disease which has never been described in any work on skin diseases. A woman of fifty-one years presented the most marked case of the new disease. She had been afflicted for about four years. The characteristic feature of the disease consisted of groups of small efflorescences of a round or slightly polygonal form, and of a pale pink or bluish color. An intermittent pruritus was the only subjective symptom discovered by the author. The diseases to be differentiated from this recently recognized disease are psoriasis, lupus erythematoses and lichen ruber planus. The author places the new disease in the group of lichens and names it "Lichen Albus"—the later part of the name being furnished by the whitish color of the eruption.

J. W. F.

"Los Angeles" and the "National."

The time is drawing near when all the arrangements for our trip across the country to the "National meeting" at Los Angeles must be completed.

In order to facilitate matters as much as possible all readers of the "Eclectic Review" who contemplate going should send their *two dollars, at once*, to PITTS EDWIN HOWES, M.D., 703 WASHINGTON STREET, DORCHESTER DISTRICT, BOSTON, MASS., and get their Pullman reservations registered. Quite a number have already done so, and the inquiries which are coming from all points east of the Rockies make the proposed trip an assured success.

Be sure and see that your tickets read over the route indicated by the itinerary, so that there may be no trouble on that point.

Don't make the mistake of traveling without seeing the most interesting part of the country possible.

Remember that by going with the eastern party you break up the wearisomeness of travel by frequent stops, and each one of these at some point where there is something to see that you ought not to miss if you desire to get the very best for time and money expended.

Special arrangements are being made to have the very best

tourist Pullmans obtainable placed at our disposal, so that those who travel in that equipment will be thoroughly comfortable.

Our trip is so arranged that we travel by daylight over all of the scenic parts of the country. This point will lend additional charms for those who wish to make the trip educational as well as one of pleasure.

By our route we avoid, as much as is possible, the disagreeable travel over the desert tracts of the country. This will be best appreciated by those who know what a long, dreary ride over a desert tract of land means.

Those from the southern and southwestern parts of the country should make their arrangements to join us at Kansas City, while those from the north can join us at Des Moines, Iowa.

Do not forget to talk the trip up *among your friends*. If all do their best in this direction there is not the slightest doubt about our being able to have a special train out of Kansas City. This would add much to the comfort of all concerned and is a consummation to be earnestly desired.

P. E. H.

Albert Fox, M.D.

Doctor Albert Fox died at his home in Waterbury, Conn., on March 20 at the ripe old age of eighty-two years. For twenty years Doctor Fox has served the college on its board of censors; to him it was a yearly pilgrimage; he loved to come, and he will be missed by students, alumni and faculty more than words can express. In the darkest days of our history when it was a fight for existence the doctor was always hopeful and cheery and his faith was contagious. His visits and encouraging talks we will miss at the annual gathering, but the memory of his powerful personality, his love for humanity and the cause of Eclecticism will always live.

Original Articles

Address of the President of the Eclectic Medical Society of the State of New York, March 6, 1907.

BY A. E. BROGA, M. D.

Officers and Members of the Eclectic Medical Society of the State of New York:—I welcome you to this our forty-seventh annual meeting, and I sincerely trust that your deliberations will be both pleasant and profitable.

This year we are confronted with many important questions which demand our earnest zeal and careful consideration, the most important one being the one board bill which has again come to the front. Personally I am opposed to any attempt at further

medical legislation, and I base this opposition on the broad principles of justice and the constitutional rights of American citizens. It is very easily seen that all the proposed medical legislation emanates from one source, the Allopathic school, and that its chief object is to cripple or handicap all other schools of medicine. The old school people demand absolute control, and the bill which they have introduced provides for a single board of medical examiners, which is to regulate the practice of medicine. They are willing to give the Eclectics and Homeopaths a representation on the board, but they demand a majority and the majority must rule. It is easily seen what injustice might be done our school and our students. How few would receive the endorsement of the majority of such a medical board; and is it reasonable that we Eclectics should meekly submit to the creation of such a board, and place our students, however high their attainments, in the hands who have tried to deny us rights to exist as a school of medicine.

They have taken our remedies, and then appropriated to themselves the honor of discovering them. We are in favor of adopting a high standard of medical education, and we believe that no student should graduate from a medical college, without having a thorough preparatory training, nor without having attended the four full courses of lectures as the law now requires. We claim that those who are constantly clamoring for more rigid medical legislation to elevate the standard of the medical profession, are not honest in their demands.

In the state of New York the law provides for the appointment by the board of regents of three boards of medical examiners, from nominations made by the three state medical societies. Upon these boards now rests the responsibility of examining the students from their respective colleges, namely: Allopathic, Homeopathic and Eclectic. Every physician coming into this state from another state, and every person who has graduated from a medical college must, before he can practice medicine in this state, pass a satisfactory examination before one of these three boards of state medical examiners.

So far the Eclectic board has discharged its duty with credit to itself and honor to the society. The old school under the guise of the Board of Education now attempts to supersede them by a single board, which shall be appointed by the State Board of Regents, of which the Allopaths shall have the majority of representation. They do not wish the three boards, and so they have tried again this year, to gain their ends by asking for a single board of medical examiners.

As Eclectics we are in direct sympathy with higher education and higher legislation, and we do want and will insist upon having, our rights in legislation and in practice.

To-day we meet again in this forty-seventh annual session in

the interest of Eclectic medicine and surgery. As Eclectics, if we are such in the true sense of the term, we occupy positions in the ranks of a profession, which in importance to mankind, transcends our highest conception. It is not enough that we, at this annual convention, pass mechanically through the different departments of business, as a door swings on its hinges, and then return to our respective fields of duty to perform our labors in the same mechanical way.

Eclecticism has always found enemies in its course, and its overthrow threatened by the impending billows of speculative despotism on one side, and gross ignorance on the other. Yet, through all of its trials, it stands as firm as the rock of Gibraltar. And today with confidence in our profession, faith in God, purity of purpose, we go forward to perform the work of prudent, skillful and accomplished workmen. As we bring together the scattered fragments of true medical reform, we build up Eclecticism in consolidated strength, beauty and utility. Enemies we have, but we can meet them; difficulties will impede our progress, but we can overcome them, and must if we would succeed. The force of circumstances has allured the Allopaths from their old dogmas and now Lloyd's specifics and Merrill's normal tinctures find their place on many of their shelves, while the neutralizing mixture, so much used by our old-time, honored Eclectics, is given by the old school as freely as if it were a compound of their own discovery.

We believe a physician who has reached the highest standard will be free from bigotry, and will have no narrow prejudices against any school of medicine. Neither should any society hedge itself about with such restrictions and laws as are calculated to fetter thought. When a medical sect tries to shut itself up in exclusiveness, is it not well to ask if it is consistent with itself? We answer that it is not consistent. I feel such bigotry is not found in the Eclectic school. We have a higher and nobler conception of our calling. We have arduous, intricate and comprehensive work yet to perform. The position which we today occupy in the profession involves responsibilities of no ordinary kind.

Eclecticism tends to originate new truths and bring old ones to light. Looking from the tower of scientific truth it embraces in the field of its vision all the battleground of theory within the broad circle of its horizon. Suffering humanity requires that the physician, who holds the destiny of human life in his hands, should not only be a man of strict morality but a man of science and scientific attainments. We rejoice today in the fact that the dark clouds which have in the past enshrouded the science of medicine have nearly cleared away, and in the beautiful sunlight of truth, prejudice, skepticism and ignorance are yielding to the power of enlightened progress.

If we but possess the energy, we Eclectics have resources suffi-

cient to reach the topmost round of the ladder.* If we but have faith in our remedies, and a firmness to use them, a happy and triumphant victory is ours.

Within the ocean of the immortal mind are beds of beautiful diamond thoughts. Be ours the privilege as Eclectics to dive deep into the living spring and bring forth its sparkling gems.

I will not longer occupy your time, as business of importance has to be transacted, and I trust there are many valuable papers to be presented and discussed. Thanking you for kind attention and for the uniform courtesy you have extended to me, in my official capacity, I will close and direct the secretary to proceed with the usual order of business.

Oneida, N. Y.

Should the People Know?

BY L. S. DOWNES, M.D.

Should the people know that pneumonia is a more fatal disease under the prevailing medication than diphtheria or yellow fever? Should the people know that cholera-infantum causes more deaths and wrecks more constitutions than tuberculosis, cancer and appendicitis combined?

Would it be wrong for the Eclectic school of medicine to make known to the people in a modest but emphatic way that there is a simple, rational and effective means of treating these diseases—that under specific medication the death rate can be reduced at least one half?

Would it be presumptuous on the part of the Eclectic school, which has been laboring long and earnestly to establish rational therapeutics, to tell the people about it?

Would it be commercialism or unprofessional for an Eclectic who has been persecuted and ostracised for opinion's sake, to enlighten the people as to the true merits of his school and his practice?

In fact, is it not our duty as honest reformers to give to the people the profit of our investigations, and endeavor to show them what we deem right and believe to be to their interest?

Can we hope to win the confidence of intelligent people by simply posing as reformers and giving no plausible or tangible reasons for our dissension from the established practice of medicine, save our results in practice?

Do any of us accept an innovation or a new theory until we have been convinced by demonstration and argument that it is better than the old way?

"But we do demonstrate," says one. Just so, but while we

may be demonstrating to one individual a hundred more are being taught that we and our methods are alike humbugs.

If Eclectics do not know this they are simply indifferent to the best interests of our school. While organized Allopathy is making plausible and enticing propositions to Eclectics, it is at the same time appropriating our principles and our remedies without acknowledgment or scruple.

It is not difficult for an Eclectic who reads the old school journals to see old friends dressed up in new clothes and introduced as strangers. I notice in the January issue of one of these "regular" journals, that bryonia is an excellent remedy in pneumonia with a "stitch in the side, attended with a hacking cough." Is this the physiological action of bryonia?

I received a letter this week from a recent graduate of an Eclectic school asking me my opinion as to the advisability of his joining the old school association. Said he: "They are very nice to me, and seem anxious to have me join." I wrote him that they were either a new breed of Allopaths or he was a poor Eclectic and for him to wait six months until he had a few of their patients and then see how they responded.

Eclecticism is not popular except in a few towns where our men have little competition. This is, indeed, humiliating to acknowledge, but the reason is obvious. Our limited number and a disposition on the part of the old school to ignore us and condemn our methods, with a lack of a correct understanding of our principles by the people, are sufficient reasons for the conditions. Now if this be a fact, what is the remedy? We might increase our numbers by a heroic effort, but to stop opposition and old school discrimination is out of the question. Our only recourse is to enlighten the people by disseminating Eclectic principles among the masses. The great American medical monopoly is against us, and only by organized, determined and persistent efforts can we hope to counteract this mighty machine, with its wheels within wheels.

How obvious is this force just now in Texas and other states. The American Medical Association is dictating laws, and, through the state and county associations, is using every means, fair or foul, to force these laws upon an unsuspecting people. He who thinks Allopathy has given up its long and bitter fight for medical supremacy in this country will awaken to the fact ere long that his dream was a delusion. Never in the history of this country has the old school so unanimously, insidiously and systematically waged a warfare for the extermination of the other schools of medicine as now. Every country society in every state is being reorganized and a legislative committee, a soliciting committee, and a business committee are appointed to act in conjunction with

a state committee and a national representative.

These committees are to make and enforce laws, solicit members from other schools and establish fee bills, etc. This is only a part of what is being done all over this country, and it means something. It means absolute control of medicine, unless the minor schools stand firmly for their rights and not only reject all overtures of fraternalism on the Allopathic plan, but redouble their energies to inculcate their principles and enlighten the people on the real trend of medicine.

Our only hope as a school is to cut loose from old customs, rules and regulations of ancient therapeutics and inaugurate an independent course of action and do what we deem to be to the best interest of humanity and Eclecticism, without fear or favor.

No one would rather live in harmony and true brotherly relation with every honest physician than myself, but conciliation ceases to be a virtue, when principle must be sacrificed and the very life of the cause we love and know to be right is in jeopardy. We as Eclectics stand or fall with our cause. Our standing as honorable and reputable physicians rests almost wholly upon the merits and reputation of our colleges and our schools.

Then let us as one man come out boldly and unreservedly for Eclecticism, asserting its principles and contending for its rights at all times and under all circumstances, inspired by the sure knowledge of the truth and that "right must prevail."

Galveston, Tex.

Vegetarianism.

BY J. THORNTON SIBLEY, A. M., M. D.

Read at the meeting of the Eclectic Medical Society of the State of New York.

There is probably no one subject upon which there has been so much nonsense written as that of vegetarianism. Unfortunately a majority who speak or write on the subject belong to the genus crank; who usually has some pet theory to maintain and who neglects, in his enthusiasm, to take notice of many things very clear to the ordinary mind, and which if properly weighed would upset his theory completely. In the discussion of such a subject, theory counts for little, and upon a basis of facts only can a decision be reached. In this paper I shall not theorize, but present some facts that have an important bearing on the case.

Vegetarianism is commonly understood to mean the doctrine that a vegetable diet is the only proper one for man. Some go so far as to say that man should abstain from everything of animal origin as articles of diet, including milk, cheese, butter and eggs. This is an extreme and radical position, with little to support it either in the range of common sense or science. Another extreme

position taken by some vegetarians is that all food should be eaten uncooked. There are other extreme and unreasonable positions taken by some who style themselves vegetarians; but for the purposes of this paper I will define a vegetarian to be one who abstains from food obtained by the slaughter of warm-blooded animals; but who eats fish, butter, eggs, milk and cheese.

It is a very common idea that in order to be strong and healthy one must eat plentifully of meat, especially when engaged in an occupation requiring decided muscular effort. As a matter of fact, a non-meat diet, if properly selected and prepared, is more strengthening and sustaining than a diet of meat.

There are four essential elements in food; elements that the human organism demands, and without a proper supply of each good health cannot be maintained. These four elements are the proteids, the carbo-hydrates, the hydro-carbons and the salts. This classification is a common one and answers the purpose here. Some writers claim that the proteids are the most important. Inasmuch as all four are absolutely essential, no one can be considered of more importance than the rest. The common sources of the proteids are flesh, milk, cheese, nuts and grain. The carbo-hydrates, starch and sugar, are derived principally from grain, especially wheat, oats and rice. The hydro-carbons, or fats, are represented in butter, suet and oil. The salts abound in almost every form of food, and the system is usually well supplied, no matter what the character of the diet.

The only sources of energy in dead flesh are to be found in the proteids and fats. There is practically no difference, from a dietetic or physiological standpoint, between the fats of animals and the fats of butter and oil; and therefore in considering the relative merits of a meat diet and a non-meat diet, we must consider the proteids as of first importance. There is a vast difference between the proteids of animal flesh and the proteids of vegetables and grain. In the first place, the only source of proteids is plant life; nuts, peas and beans being much richer in this element than flesh. The proteids of animal bodies are all absorbed from the vegetable kingdom, and when taken into the animal system undergo disorganization, during which much of the original energy is released. Statistics as to the sustaining power of meat, based upon its percentage of proteids, are generally very misleading; inasmuch as a large part of what is claimed as proteids found in dead flesh are other nitrogenous elements representing the products of tissue change, wholly without food value, and many times a source of evil. These non-sustaining nitrogenous elements represent changes that have taken place in the system, and are usually effete and deleterious.

The only nourishment that is obtained from flesh is what the animal has taken from the vegetable kingdom, and the proteids

are second-hand at best. When we consider that thousands of tons of meat are annually condemned at the great packing houses on account of being diseased, we are not ready to believe that all the meat unfit for the market has been seen by the inspectors. The large per cent. of proteids necessary to make a proper diet, as given by the physiologists of years gone by, has been shown to be largely in excess of what is really needed.

The anatomy of man clearly points out that he is frugivorous. The teeth bear no resemblance to those of carnivorous animals, and the digestive apparatus is almost identical with that of the herbivorous animals. The anthropoids, man's closest relation in the animal kingdom, subsist on fruit and vegetables, and are remarkable for their strength and powers of endurance. In endurance especially does the vegetable eating animal excel the flesh eaters. The athlete who depends upon meat as his principal article of diet may approach in feats of strength the one who lives on grain and vegetables, but in matters of endurance the flesh eater is easily outstripped. The Greeks of old whose feats of strength and agility were the admiration and envy of other nations, lived upon figs, nuts and grain, never eating meat. The Roman gladiators whose lives depended upon their superb physical condition, never ate meat, depending principally upon barley cakes and oil. Charles Darwin has told of the wonderful strength and endurance of the mine workers of Chili, who live upon a vegetable diet entirely. Those men carry weights of two hundred pounds up perpendicular ladders a distance of two hundred and fifty feet with comparative ease. They live upon figs, roasted wheat and beans. Travelers often tell of the remarkable strength of the Turkish porters of Smyrna, who carry burdens weighing six hundred pounds with the ease of an ordinary man carrying less than one-third that much; and they live exclusively upon vegetable products. The Turkish soldier, who lives on a simple vegetable diet, can live and fight where other European soldiers could not exist. It is not necessary to go so far from home to find such examples. There are hundreds of the best men, physically and mentally, in New York, who never eat meat. There are few persons, in my opinion, who, if they abstained from meat for a period of a year, would ever return to a meat diet. People sometimes give up meat and suffer ill health in consequence. This is always because they have cut off the supply of proteids that the meat furnished, and not taken any other proteid-producing food in its stead. Take, for example, a sample meal of the average family: Meat, potatoes, tomatoes, white bread, butter, some kind of a relish, usually pickles, salad or celery, and fruit or berries. This meal, without meat, would be devoid of proteids, and while it would be palatable and refreshing, it would not be a substantial meal. If a pint of milk be taken with such a meal and a handful of nuts at its conclusion, it would be not

only palatable and refreshing, but invigorating and sustaining. A meal may be prepared from vegetables and grains that will contain an abundance of every element that the system requires; but this is often inconvenient, and the surest plan is to use milk when meat is not taken. The rule, "meat or milk," is a safe one.

The carnivorous animals can live in a state of perfect health on a diet strictly of flesh, but man cannot. Experiments show that such a diet, if long continued, will engender many disorders of the digestive organs. Carnivorous animals are not fit for food and are seldom used for such. The flesh is strong and unsavory.

Some animals, such as swine, and some fowls that feed upon both animal and vegetable products, if both are obtainable, are unfit for food unless restricted to a vegetable diet, on account of the disagreeable flavor the flesh acquires. The flesh of animals always partakes of the character of the food upon which they subsist. Hogs and some fowls will revel in the filthiest offal and carrion of all degrees of decomposition.

Gautier, the eminent authority on dietetics, not a vegetarian himself, declares that a diet of flesh is not at all necessary, and that it would be wrong to maintain that a non-flesh diet will in any way compromise physical energy.

Travelers in India have marveled at the endurance of the Hindoo messengers, who carry dispatches every day consecutively, week after week, a distance of sixty miles or more; and they never eat meat, but live almost entirely upon rice. Russian peasants who labor hard sixteen hours a day upon a diet of vegetables and milk are often wonderful specimens of energy and strength. The frugal Turkish soldier, who drinks only water and lemonade, and lives upon a diet of rice and figs, is remarkable for his courage and fighting ability. A vegetarian diet not only improves the physical condition and makes it less liable to disease, but improves the mental and moral tone by softening and quieting the disposition. A flesh diet influences the personality. Meat eaters are more headstrong and "scrappy," but not always courageous. Carnivorous animals are generally more irritable and dangerous than the herbivorous, the latter being much more easily managed and domesticated. Experiments with animals that are naturally omnivorous show that when they are fed on a vegetable diet exclusively they become tractable and docile, and when fed entirely on meat are hard to train and manage.

There is one article of food that contains every element necessary to keep the body in a perfect state of health, and upon which one might live indefinitely. It is milk. Skim milk contains all the food value of the original milk, except the fat. It is quite as rich in proteids, and contains a large quantity of salts and hydrocarbons. It is a muscle-making food, and is especially good for children and laboring people.

There is another phase to this question which is largely one of sentiment, and yet is important. It is the sinfulness of slaughtering. How many meat eaters would continue the habit if they had to do their own killing? Does it help matters any to have some one do the slaughtering for you? The cruelties practised in even the most modern slaughter-houses would drive an ordinary person insane if they had to witness them often, and it was never intended in the great universal scheme that one part of creation should suffer such agonies in order that another part might continue an unnatural and demoralizing habit. Someone has facetiously said that every part of the hog is utilized; nothing lost but the squeal. I suggest that the squeal be also preserved by phonographic appliances, and that with every order of pork and beans the squeal also be served. If this be done, that time-honored standby would soon lose its popularity.

Brooklyn, N. Y.

Equisetum Hyemale.

BY W. L. HEEVE, M. D.

Read at the meeting of the Eclectic Medical Society of the State of New York.

As we journey through the paths of the so-called newer *materia medica*, with its craze for synthetical agents as urinary antiseptics, it would be wise to tarry long enough and hold fast that which has proven true.

Our *materia medica* has many valuable urinary antiseptics of vegetable origin that far excel the synthetic chemicals of questionable value lauded so highly by the old-school literature of the present day. *Equisetum* is a remedy that holds a field peculiar to itself as a urinary antiseptic and cannot be replaced by the varied-named chemicals formed by ammonia acting upon formaldehyde, as listed in the U. S. P. as hexamethylenamine.

After a thorough drug study of *equisetum* I must confess that it is not a diuretic—a drug to increase the flow of urine—as Ellingwood and Fyfe classify it, nor is it an astringent, and it has never removed dropsical effusions in my experimentations. *Equisetum* is indicated in cystic irritation due to lithaemic and phosphatic deposits; irritability due to overdistention as found in beer drinkers, salesladies who are compelled to retain urine for hours, causing overdistention and deposition of the solid constituents of the urine; in nocturnal incontinence of urine in children due to phosphatic and lithaemic deposits causing irritation and tenesmus it is an ideal medication.

In senile cystic irritation, not due to gravel, but due to excessive mucus and phosphatic deposits, with a weak sphincter, *equisetum* in large doses will remove the cause and small doses of can-

tharides to strengthen the sphincter have proven an ideal combination for this troublesome condition.

In nocturnal incontinence of urine in children when the cause is as stated above, *equisetum* is specific. In acute manifestations with burning and smarting pain on urination it will fail as here *apis* is indicated, but in the milder subacute or chronic manifestations where a bland and soothing remedy is indicated *equisetum* proves true.

In the so-called ammoniacal urine of childhood it is of value when combined with soda benzoate.

A case of cystic irritation was placed under my care for treatment presenting the following history:

Boy, four and one-half years, nocturnal incontinence of urine during the last ten months, voiding urine at short intervals during the day, complaining of pain before urinating and pains over region of bladder. Has been treated by four physicians without success. Urine, s.g. 1024, excess of phosphates and mucus. Fluid extract *equisetum* given three times daily in twenty-drop doses for a period of two weeks produced a permanent cure.

Many such cases have come under my care and success invariably followed.

Another remarkable case cured with this drug was exhibited in a girl of fifteen years suffering from nocturnal incontinence of urine and dribbling when suddenly exposed to cold, much phosphates and mucus with high specific gravity. After four weeks' treatment with large doses of *equisetum* a cure resulted.

If time permitted I could cite many cases of cures where the indications were exhibited, but I will not burden you and dare not demand the time for case histories, but I can assure you that my experimentation with this drug has been exhaustive and my labor crowned with excellent results when the drug was given as indicated above.

An infusion of the fresh plant is best when obtainable, the specific medicine of Lloyd's or a good fluid extract given in large doses will give the desired action.

Brooklyn, N. Y.

Xanthoxylum.

BY M. GRANT MCGINNIS, M.D.

Read at the meeting of the Eclectic Medical Society of the State of New York.

Xanthoxylum Americanum Fraxineum of our northern and middle states, is said to be the variety from which we obtain the preparation now used. Much space might be taken up in minutely describing the many varieties of this wonderful shrub. We

are, however, at this time interested in drug action and uses. Therefore I will but mention them, inasmuch as so many parts of the world seem to be provided with some variety of this shrub whose properties are so well adapted to all forms of exhaustion due either to nervous shock and depression or physical exertion.

The name *Xanthoxylum* is derived from two Greek words meaning yellow wood. The common names are prickly ash and toothache tree.

The bark, leaves and pods are pungent and aromatic.

The native of the southern states is the *xanthoxylum carolinianum*, said to be a stimulant and also much used in rheumatic conditions, its bark being the part used.

In the West Indies one of the native shrubs is known as *xanthoxylum caribbean*; another one as *xanthoxylum herculis*, the properties of which are a powerful stimulant and sialogogue.

Its prickly stems are used as walking sticks.

Xanthoxylum nitidum, the shrub or small tree found in China, is claimed to be febrifugal; and a native of Japan, *xanthoxylum piperitum*, the fruits of which have an aromatic pungent taste and are called Japan pepper. India also claims a shrub of this variety.

The active principles of *xanthoxylum americanum* is *xanthoxylin* neutral crystallizable and is supposed to be identical with *berberine*, a useful stomachic tonic in atonic dyspepsia.

The specific tincture of *xanthoxylum* is one of the most satisfactory remedies we have in sustaining the pneumonia patient, alternating with some one of the indicated heart stimulants. Besides its stimulating effect on the heart, it stimulates the nerve centers—keeping up a warm glow over the entire body.

In many of the cases of acute indigestion where there is pressure on the heart from distended stomach, the lips being blue, ten drops of the specific tincture of drug mentioned will always relieve; always give this remedy in hot water in acute cases, and follow up with as many cups of hot water as you can prevail upon your patient to drink. There are those who accuse me of having made them drink twenty cups of hot water. I did not count them myself, being too much concerned about the patient's condition. The very severe cases are able to be out in a day or two; if you will follow this treatment with neutralizing mixture to which 3i to the ounce of *xanthoxylum* has been added. Very different would be the story if the doctor uses the general treatment for pain, opiates, and keeps the patient comfortable for twenty-four to thirty-six hours instead of removing the cause.

When very tired and cold and "grip" is on the way, if instead of taking cocktails and the various alcoholic stimulants, one would drink plenty of hot water and take the *xanthoxylum* in three to five-drop doses every hour, for ten to fourteen hours, the normal circulation and nervous equilibrium would be established.

I am confident that two cases of la grippe were aborted with this treatment during last month.

Xanthoxylum is especially useful in the exanthematous diseases of children. It assists in bringing out the rash promptly and prevents its recession.

It seems to me capable of sustaining vital forces through any crisis that may occur.

In all forms of general debility, cases where we find it hard to give any name to the condition or conditions from which patients are suffering, xanthoxylum will give good results by toning up all tissues in a morbid state. The wonderful effect it has on the stomach and digestion and nutritive functions, probably has much to do with the rapid improvement of these cases.

I am treating a woman now about thirty-five years of age who has been going from one doctor to another for months, all of whom were puzzled, so she says, and no one could tell her what she was suffering from. She was positive she had a tapeworm and I began her treatment with laxatives and liver tonics; at present she is taking alkaline elixir, in which xanthoxylum, cactus and passiflora are included; now, one week under treatment, is very much improved, the skin much clearer, lips a better color and her general interest in life restored and strength improving.

The various conditions due to hysteria are almost immediately relieved by giving the xanthoxylum in hot water. I have seen cases that were suffering from apparent heart difficulties made very comfortable in two or three hours by giving this remedy in the above manner and applying dry, hot towels to the surface of the body.

Much can be said for this remedy, but the time and space will not permit at this meeting. I will be glad to know the experience of others with this valuable drug.

120 West 82d Street, New York.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The Second Row in My Medicine Case.

NO. IV. GLONON.

This remedy is an alcoholic solution containing one per cent. of nitroglycerin (glyceryl trinitrate). It is given in the United States pharmacopeia as "Spirit of Glyceryl Trinitrate." It is also known as spirit of nitroglycerin. Nitroglycerin is obtained by gradually adding dehydrated glycerin to a mixture of nitric acid and strong sulphuric acid, the nitroglycerin formed being washed with water

and dilute soda solution to remove all acid. It occurs as a clear, colorless liquid, possessing the odor and taste of alcohol. It is one of the most dangerous explosives, and when mixed with sand forms dynamite. It is insoluble in water, but freely so in alcohol.

Glonoin constitutes a medicament of great value in the treatment of many wrongs of the heart and blood vessels. It is especially useful in heart diseases occurring after middle life, and it is often of marked value in the irregularities of slightly enlarged and degenerated hearts with hardening of the arterial walls. It possesses a considerable relieving power in pseudo-anginas which are frequently a troublesome feature of vascular disease. It is also an efficient remedy in many cases of sciatica, and it is said to relieve the neuralgic pains which occur in locomotor ataxia. In obstinate cases of hiccough it has often proved a source of relief, and in severe cases of asthma a few full doses of the drug will often do much toward shortening the attacks. In low forms of fever a small quantity of the solution may be added to the other indicated remedies, and will sustain the vital powers of the patient much better than any of the alcoholic stimulants. In angina-pectoris, bronchial, nervous and uraemic asthma and in chronic nephritis glonoin is a remedy of superior merit.

Glonoin constitutes an emergency remedy which every physician should keep constantly ready for use. In many cases the speedy use of this agent in sudden heart failure will save life, when without it death would be inevitable. In sunstroke it is used with marked success.

The following are among the leading specific indications for glonoin: Throbbing of carotid and temporal arteries; feeling of fullness and pressure in the head, made worse by jarring, stooping, or heat, as from the sun; sunstroke; neuralgia of the heart, when there is extreme atony.

The dose of glonoin (spirit of nitroglycerin) is from 1-200 to 1-100 grain in tab'et. A solution for medical use is made by adding one part of nitroglycerin to ninety-nine parts of alcohol, constituting a one per cent. solution. The dose of the solution is one-half to one drop. It may be prescribed as follows: *R* Nitroglycerin (one per cent. solution), gtt. x to xxx; water, *℥*iv. Teaspoonful every two hours.

Belladonna.

The article on belladonna from the pen of Dr. Finley Ellingwood, recently published in the *Therapeutist*, is the most complete and instructive production on the subject that has ever come to the knowledge of the writer. It is to be regretted that space will not permit the reproduction of the entire article in these pages. In part the doctor says:

"In prescribing this remedy, while in physiological doses it

retards secretion and excretion, in medicinal doses no results of this kind are observed. On the other hand, it seems to act most favorably in conjunction with aconite in restoring secretion. Aconite stimulates the sudorific and mucous glands, and when these are influenced by the disease processes, belladonna seems to preserve the proper balance and conduce to restoration of the normal condition.

"With the above facts in mind it will be at once seen that this remedy is indicated at the onset of all acute inflammatory conditions. I am confident if it were possible for us to determine the period of the onset of the primary congestion, that this remedy would abort the congestion in most of the cases. However, in all cases it antagonizes the hyperemia and prevents the full development of the inflammatory symptoms. It is therefore of much importance at the onset of tonsillitis, croup, bronchitis, pneumonia, pleurisy and peritonitis. It stimulates the capillary circulation in the engorged organs, quickly preventing the local effects of the acute congestion. At the same time it has a marked influence upon the fever, in conjunction with the other indicated measures. In chronic soreness of the chest, belladonna is a valuable remedy. It is one of our best remedies in whooping cough. If half a drop be given every two hours, alternated with a grain of alum in syrup, excellent results are often obtained.

"In the therapeutics of all continued fevers, this agent has an essential place, in some stage of the fever. In fevers of malarial origin there is no other remedy that will replace it. In the sthenic stage of these fevers it is efficient in many of these indications. If there is an intermission or a marked remission, periodically, it is a good plan at this time to discontinue the special fever remedy, and give belladonna alone.

"In typhoid fever, given in small doses, it is an important auxiliary to the other treatment, its indications will appear at almost any time during the course of the fever.

"If contra indications, as extreme determination of the blood to the nerve centers or a high degree of nervous excitability appear, it should be discontinued. In its influence it prevents congestion of the intestinal mucous membranes and of the intestinal glands. This is indeed an important function. It stimulates the heart to diffuse the blood uniformly throughout the entire capillary circulation, and thus prevents cerebral engorgement. The brain symptoms exhibit many of the belladonna indications, and are quickly relieved by it. It may not convince the prescriber of its beneficial influence, in only a single case, but its continued use in many cases is most convincing as compared with those in which it is not used.

"In meningeal inflammations, both of adults and children, it is often sharply indicated. This is especially true in subacute cases in childhood, where there is slowly increasing dullness, with a cold,

moist skin, although there is an excess of two or three degrees of temperature. The pupils are dilated widely, the eyes are dull, the head is drawn backward and crowded into the pillow, slowly and constantly rolled from side to side, the eyes are partly if not widely opened, when the patient is asleep, and the urine passes involuntarily. These cases are sometimes exceedingly stubborn. Belladonna in frequent doses is the most directly indicated remedy.

"Erysipelas will yield promptly to belladonna in small doses. It is given with aconite, or alternated with rhus. Belladonna should not be omitted. It acts most promptly if the tissues are smooth, dark and deep red, with sluggish circulation and a burning sensation, the inflammation being confined to the structure of the integument and not to the areolar tissues.

"In no class of diseases is this agent more specifically indicated than in eruptive fevers. In its physiological influence it will force the eruption to the skin, and retrocession is almost impossible, if it be used early. If retrocession has occurred it is the most prompt remedy known for restoration of the eruption.

"In scarlet fever it has a salutary influence also upon the fever.

"It promotes exfoliation and assists in the general elimination of the products of the disease. It is directly opposed to the renal hyperemia, in the nephritis, so common as a result of scarlet fever and diphtheria, and is our most reliable remedy to overcome this condition when it occurs. For the nephritis a drop of the tincture may be given to a child of ten years, every two hours, alternated every hour with half a grain of santonin. If there is a partial suppression of the urine and a large quantity of albumen present two grains of gallic acid every two hours will facilitate a cure. The agent given in small doses after exposure, and before the occurrence of scarlet fever, will act as a prophylactic to the disease. The author has administered the remedy to the other exposed children in a large family when a single case has appeared, none of the others having an attack. It must be given in small doses; five drops of specific belladonna in four ounces of water, teaspoonful every three hours, to a child of six years is sufficient.

"Belladonna is of value in congestive neuralgias. Full doses should be given. It will cure some exceedingly stubborn cases. It is an excellent plan to give it with ammonium chlorid in persistent chronic cases.

"In prostrating night sweats, with enfeebled circulation and cool relaxed skin, belladonna and atropin are both advised. The 1-100 of a grain of atropin at bedtime will accomplish excellent results. It may be given hypodermically. Medicinal doses of specific belladonna during the day will accomplish similar results.

"In headache from fullness of the circulation of the brain—dull frontal headache—with indisposition, malaise and cool skin, with mental torpor and a tendency to unpleasant dreams, this remedy

is of value; half a drop every hour or two is the proper dose.

"Belladonna in physiological doses is an excellent remedy for the treatment of the conditions present during the passing of biliary calculi. It very materially facilitates the passage of stone, prevents chronic change occurring in the structure of the duct, relaxes the duct by a paralyzing effect upon the circular muscular fibers, rendering subsequent attacks less frequent and less severe.

"Belladonna is of much service in the treatment of nephritis. Albuminuria is the result of greatly increased renal blood pressure and capillary engorgement. The agent antagonizes all the pathological processes in a direct manner. In acute cases its influence is apparent from the first. In subacute or chronic cases it must be persisted in. The results are usually apparent, if structural change has not taken place to too marked a degree."

Therapeutic Ointment Bases.

Under the above caption Dr. Von Zelinski, in writing to the *Chicago Medical Times*, presents in a condensed form information which should be of interest to all physicians who dispense their own medicines. The following abstracts are taken from the doctor's instructive article:

"A considerable experience in the regular drug business and a dispensary practice has led me to believe that very little thought is given to the vehicle, or, more properly speaking, the base of an ointment, hence a few words on the subject may not be amiss.

"We will consider the various bases from a therapeutic standpoint. *The National Dispensatory* classifies ointments thus: First, protective, which are non-absorbable in character and act strictly epidermatically. In this class we may place petrolatum, also known as vaseline, cosmoline or petroleum jelly.

"Second, emollient ointments, which have nutritive or absorbent properties and act endermatically. Of this class lard or adeps are the most typical, but combinations of oils with sufficient quantity of wax to make of proper consistency will act in the same manner. Recently two preparations have appeared in the National Formulary under the name of Liquid and Solid Saponated Petrolatum, Liquid Petrox and Solid Petrox. These latter have their analogue in the proprietary market.

"Third, ointments which produce systemic or constitutional effects, being absorbed through the skin. Wool fat or lanolin is the leading representative of this class, inasmuch as it closely resembles the sebum secreted by the human being.

"Some of the physical properties of these various bases may not be out of place here. Petrolatum per se does not mix with water, alcohol or glycerine in any proportion, consequently all substances incorporated with it depend on the fine state of subdivision for its equal distribution throughout its mass.

"The bases mentioned under class two permit admixture with substances dissolved in water up to 10 per cent., also alcohol and glycerine. In the case of Liquid Petrox, which is, strictly speaking, not an ointment, it is possible to dissolve many alkaloids, iodine or salicylic acid in the preparation itself, while it readily mixes with chloroform and volatile oils and has the property of forming an emulsion with water in considerable proportions. The last mentioned class, of which lanolin is the type, takes up over half its weight of water.

"Many of the official ointments are mixtures of the various bases or mixtures of oil, paraffine and water. The unguentum aqua rosae or cold cream is the only example of the latter. It is to be understood that nearly all pulverous substances can be incorporated into these bases, a circumstance which is not always desirable."

The Emunctories.

In giving attention to the various interesting and undoubtedly valuable investigations which are constantly being made by eminent scientists, it is possible that we may overlook, or at least fail to give proper consideration to some of the more common, though no less important, subjects. Of these common subjects perhaps none is of greater importance than the means of excretion. In referring to this matter the editor of the *Los Angeles Journal of Eclectic Medicine* in part says:

"We have had the pleasure of meeting professionally many successful medical gentlemen who followed what apparently were quite diverse methods; but upon critical analyses they seemed to converge upon one single thought. Consciously or unconsciously each carried in his mind's eye a healthy human body and compared it with the sick one under examination. The location and character of the disease were subjects of moment, but of far greater importance was the determination of the manner, and to what extent the vital organs had suffered. No matter what might be the name of the disease the question of prime importance was: what is the body doing and what can it be made to do to free itself? These facts once obtained, a rational plan of treatment could be laid down and a reliable prognosis given. As a result of such observation of the work of others and our own experience we have concluded that, except in critical cases, when a stimulant is the first necessity, it is a question of emunctories. No matter whether the disease be acute or chronic, in the old or in the young, one or more of the sewers will be found clogged up. And no matter what additional measures may be employed it is necessary that there be a general house cleaning and these sewers brought up to at least a normal degree of activity. It is not necessary to dwell upon the character and composition of the various poisons generated within the body

both in health and disease. We all know that they kill if retained, and we all know how to set about to have them removed.

"Therefore do it, and do it at once! Abstruse theory is all right in its way, but keep the first principles in good working order."

Ferrum Phosphoricum and Kali Muriaticum.

In writing to the *Chicago Medical Times*, Dr. W. E. Kinnett gives a personal experience with the above named drugs which is fully in accord with that of a large number of the more progressive Eclectic physicians. The following is abstracted from the doctor's article:

"It (ferrum phosphoricum) is the febrifuge par excellence in diseases of children, for two reasons, viz.: It is very pleasant to take and above all it is efficient. It is the child's sedative, and works no less certainly in the adult. It is indicated in all hyperemic or congested conditions characterized by heat, pain, redness and swelling, quickened pulse and increased circulation; in a word, in all the febrile disturbances and inflammations at their onset, especially before exudation commences. In kali muriaticum we have a most wonderful remedy. It is indicated where there is white or gray coating on tongue, mucous membranes or tonsils, where there is a thick white phlegm from any mucous membrane or where there is flour-like scaling from the skin. It is indicated in the second stage of all inflammatory conditions. This is the most powerful remedy at our command to prevent the deposits of plastic exudates following any inflammation. All inflammatory conditions suggest its use in connection with ferrum phos. as plastic exudates are almost certain to follow inflammatory conditions and may result in abscess if not prevented. I now usually prescribe these two remedies together, either in the same mixture or separately, in alternation. I use the 3x trituration, putting a drachm of each into four ounces of water, administering a teaspoonful every one or two hours. If you have never tried these remedies in croup do so in your next case, but give a dose every fifteen or twenty minutes till relieved. Also try them in acute inflammation of mouth and throat, pneumonia, colds, la grippe, and in fact any inflammation. Be sure and get a good preparation. It is results we want and not theories."

Barium Chloride.

In an article recently published in the *Medical Arena*, Dr. Franklin B. Davis has the following to say of a valuable remedy which is seldom mentioned in Eclectic publications:

"As a heart remedy is always in demand I desire to call attention to one that I consider is sadly neglected by the profession at the present time. In barium chloride we have a remedy that is frequently indicated, and one which in my practice has given good results. In disordered circulation and abnormal distribution of

blood, and in the vasomotor paralysis so frequently present in many of our infectious diseases we find a clear indication for this remedy. Its action is prompt and we soon find that the rapidity of the heart's action is reduced, and a greater quantity of blood is thrown into the circulation, while the return flow is reduced. It acts as a true tonic; stimulates the reflexes, and assists the tired and strained heart to bear its load. There is probably no remedy that so surely increases blood-pressure and at the same time reduces the pulse rate, while it has the advantage of being rapidly absorbed, its effect being apparent in from two to three hours' time. My experience leads me to consider it more reliable than digitalis, for though somewhat similar in action, it is far more certain in action. The dose is given as 1-10 gr. to 1-2 gr., though I believe a 5 per cent. solution given in one-half to one dram doses is the best way in which to give it. I believe that in barium chloride and specific crataegus we have the two most valuable heart remedies known; remedies that we can give with the assurance of positive results. I have used this remedy in pneumonia, typhoid fever and other diseases with the very best results, and consider it the proper remedy when there is a fast, fluctuating but weak pulse."

Examination Questions.

The following questions on materia medica and therapeutics were used by the Connecticut Eclectic Examining Board, at New Haven, on the 12th, 13th and 14th of last month:

MATERIA MEDICA.

1. What is apomorphine? Give source and doses.
2. Briefly give the source and dose of chloral hydrate.
3. What is glonoin? Give source and dose.
4. What is strychnine? Give source and dose.
5. What is meant by the term hydragogue?
6. What is Fowler's solution? Give source and dose.
7. What is an alkaloid, a fluid extract, a tincture and a decoction?
8. What is an antiseptic? Name three antiseptics.
9. Name two analgesiacs, and give the dose of each.
10. Name the ten drugs which you most frequently employ, and give the dose of each.

THERAPEUTICS.

1. What agents would you employ to (a) control a rapid heart; (b) in a case where the heart is slow, weak and debilitated?
2. Give indications for apis in scarlet fever.
3. In a case of acute fever, the patient being dull and drowsy, with dilated pupils, what remedy would you employ? Give dose and manner of administration.
4. Name conditions in which you would employ gelsemium.

5. In an ordinary case of cholera infantum what remedies would you use? Give specific indications for each remedy, with dose and manner of administration.

6. What appearance of the tongue would cause you to think of *nux vomica* as the indicated remedy?

7. What should be the condition of the skin, pulse and tongue when opium is to be employed?

8. Give the leading symptoms of congestion of the brain, and name a remedy prominent in its treatment.

9. What would be the appearance of the tongue in a case of vomiting which small doses of *ippecac* would relieve?

10. In what disease sometimes afflicting females is *veratrum* a prominent remedy? Give dose and manner of administration.

The Single Remedy.

Undoubtedly the time will come when the closely observing physician will become so proficient in specific diagnosis that he can always depend upon the single indicated remedy in the treatment of his cases. The time is not yet in sight, however, when combinations will be unnecessary. Still, a thorough study of symptoms—the expressions of disease—will prove that the single indicated remedy will suffice much more often than is generally supposed. In referring to this subject, Dr. W. R. Rubble gets very near to the truth when he says:

The true Eclectic is he who looks after the pathologic conditions in so far as he may be able to discover or determine such conditions, and meets such conditions by the appropriate agent, or combination of agents, if need be. Very often there may be found the basic lesion which gives rise to a train of symptoms, and the application of a single remedy may remove the cause, and the resultant symptoms will disappear. On the other hand, there may be more than one condition complained of, each differing from the other. One remedy, or any one of a number of remedies, may relieve one condition, while another and entirely different agent be required to meet the other condition. This seems to me to be so fundamentally and Eclectically true that I can scarcely conceive of its being disputed."

Avena in Acute Coryza.

We believe that few physicians look upon *avena sativa* as a remedy outside of its effects as a nerve stimulant. Ten years of experimentation with specific *avena* has convinced Dr. Nathan R. Simmons, of Toledo, O., that it is a more certain abortive of acute coryza than any other agent he has used. His results, so highly satisfactory to himself, are corroborated by others who have followed his suggestions. Patients subject to acute attacks of coryza, or "cold," are provided with an ounce vial of specific *avena* with

instructions to take from 20 to 40 drops in a swallow of warm water at intervals of from two to four hours. Its use should be begun at the earliest indication of a "cold." One or two doses at this period, or after an exposure such as is usually followed by an attack, is said to be sufficient to relieve such an attack. At times it may be necessary to use the avena a day or two before one feels that he is master of the situation. A slight warmth in the face is the effect of a curative dose, and the doctor suggests that if a 20-drop dose fails to produce slight flushing of the skin or lessening of the nasal congestion within five minutes, more should be used at the next dose. The doctor avers that with an intelligent use of this remedy the majority of cases of acute coryza can be quickly aborted. We hope that the remedy may be given a fair trial, for much woe and misery are forestalled in the aborting of a "cold."—*Eclectic Medical Gleaner*.

One-half to one drop of the tincture of phosphorus every three hours has been recommended as efficient treatment in chronic hoarseness.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Los Angeles in June, 1907. E. H. Stevenson, M.D., president; J. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1907. A. E. Broga, M.D., president; E. H. King, M.D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearlstien, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. Electa A. Brown, M.D., president; Pitts Edwin Howes, M.D., secretary.

National Association Bulletin for April.

The financial statement of the treasurer, Dr. E. H. King, shows a balance of \$638.05 in the treasury. In his recent communication Dr. King says: "I am gradually getting in the dues, and hope by June to have every available dollar in hand."

Concerning the New York state meeting, he says: "We had a fine state meeting at Albany; about one hundred in attendance. Some fine papers, and plenty of enthusiasm."

Since our New York brethren have much to contend with and the state is a very large one, we feel that the report from the

Eclectics there is, in deed, a very gratifying one, and hope that all our states will put forth like efforts, arouse like enthusiasm, and meet with like success. Our cause must not be allowed to stand still. Individuals and state organizations must keep up their determined, enthusiastic efforts, and success must follow. Once standing still, like a heavy train on an ascending grade, the cause will begin to move backward—retrograde, and forces will disintegrate—or require a greater, mightier effort to again get into motion.

We want everybody to go to Los Angeles. Those who find it impossible to go can encourage the cause wonderfully by sending in good reports of work well done in state and local societies and by sending good essays to round out a valuable and worthy volume of transactions. Remember, fellows, our volume of "National Transactions" is made out of the material furnished by the individual members and auxiliary societies. President Stevenson and the committee of arrangements at Los Angeles are making giant strides in their efforts to make the annual gathering one of the most notable, successful and enjoyable in the history of Eclecticism.

Our section officers begin to indicate that the program will be one of much interest, and it behooves every loyal Eclectic to do all in his power to strengthen the hands of all the officers of all the societies, that the national body may be representative of successful and enthusiastic workers everywhere. The wisdom of the early efforts of our corresponding secretary concerning transportation is apparent in the fact that the Transcontinental Passenger Association circular is issued in the name of the National Eclectic Medical Association, thus affording us a notice of unusual prominence.

Very fraternally,

WILLIAM P. BEST, Rec.-Secy.

Eclectic Medical Society of the City and County of New York.

The Eclectic Medical Society of the City and County of New York held its regular monthly meeting, March 21, in the auditorium of the college, at 9 P.M. President C. A. Tyrrell, M.D., in the chair. The minutes of the previous meeting were read and approved. The regular order of business was suspended, so that we might adjourn to the amphitheater and listen to the illustrated lecture of Dr. H. P. Cole on "The Deformities of the Feet." The lecturer showed that many deformities that were treated unsuccessfully by braces and general orthopedic apparatus had been successfully relieved by a special adjustable shoe invented by the Doctors Cole. The lecture and demonstrations proved very interesting and instructive, and a vote of thanks was extended to the doctor. The essay of Dr. Thompson on "Influenza," announced for this meeting, was postponed, as Dr. Thompson was requested

to read the amended medical bill, and the discussion which followed consumed the time that was at the disposal of the essayist. Dr. Boskowitz called the attention of the society to the editorial in the Brooklyn Eagle of March 19, entitled, "The State and the Doctors." Dr. Boskowitz said that "It was a statement of facts, free from prejudice," and moved that a thousand reprints of the article be made, and a copy, with personal letters, be sent to senators and assemblymen. He also suggested that the members write the Brooklyn Eagle expressing their appreciation of the article. We then adjourned.

CHARLES LLOYD, M.D., Secretary.

Items

Commencement at Carnegie Lyceum on the evening of May 8. Will you be there?

Alumni meeting and lunch at the college on the afternoon of May 8. Come and meet your old friends and associates.

Beachonian supper at Hotel Astor on the evening of May 8, after Commencement. Can you afford to miss it?

Professor John T. Sibley, A.M., M.D., will deliver the Commencement address.

Professor Charles A. Tyrrell will be one of the speakers at the Beachonian dinner.

We expect a fine delegation from Boston and Massachusetts Society.

We will all miss Grandpa Fox.

Tommy is a hustling president.

Make your arrangements now to attend the National. It promises to be a most interesting meeting, and the trip as arranged by Doctor Howes gives us a chance to see the most interesting parts of the country with least possible fatigue. Send to the Review office for an itinerary.

Professor James Moran reports great success with the use of gomenol in burns.

Doctor Ella V. Cameron has opened luxurious offices at 681 Lexington avenue, New York City.

Keep right at your senator and assemblyman so that they may bear you in mind when the bill comes up for action. Keep them familiar with the name Eclectic and Eclecticism.

The Chinatown dinner proved a success. Brandy has promised an article on the indications for chop suey.

The stereopticon exhibit by the Doctors Cole was most interesting and instructive.

The class thoroughly enjoyed Doctor Lee H. Smith's lecture and hope that he may favor them again.

The eastern delegation expect to be favored with the cheerful presence of Doctor Baketel, the representative of the Denver Chemical Company, on their trip to the National. The genial Doctor Denkinger, of the Horlick's Milk Company, also expects to be with us.

When ordering drugs and pharmaceutical specialties remember the Norwich Pharmacal Company; for reliability and excellence they stand A1.

For that Springtime "tired feeling" bear in mind Panopeptone.

The Wisconsin State Medical Society extends an invitation to all Eclectics to attend their meeting at Madison, May 28 and 29.

The Arkansas Eclectic Medical Association will meet at Little Rock, May 8, 9 and 10, 1907.

The governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley will close his clinical course with special lectures. April 17, "The Significance and Treatment of Itching." And also announce a lecture by Dr. William Seaman Bainbridge, April 24, "Some Phases of the Cancer Prob'em," illustrated by a series of cases. In the out-patient hall of the hospital at 4.15 o'clock. The lectures will be free to the medical profession.

At the March meeting of the Connecticut Eclectic Examining Board, held at New Haven, the following officers were elected: President, John W. Fyfe, M.D.; secretary, Thomas S. Hodge, M.D. The address of the new secretary is Torrington, Conn.

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19 East 11th Avenue, Denver, Colo.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. X.

NEW YORK, MAY 15, 1907.

No. 5.

Organization or Dissolution.

This year's meeting of the National should be a well-attended meeting. Every state and local society should have a representative, many, if possible. We must organize our forces to meet the opposition of the old school; not as in the days gone by, but in their more dangerous attitude of to-day. They mean to make Eclecticism a matter of history. Their faint praise, and sometimes flattery of the work of the school, their statements that the lines of distinction between the schools are fast disappearing, is simply their latest concerted method for the wiping out of Eclecticism and other reforms in medicine.

When some years ago Dr. Ellingwood, as secretary of the National, in an able report, referred to this matter, many of our people called him an alarmist, etc. To-day all must realize the truth of his statements. The effort in so many of our states to upset the present three-board system and create one board in its stead can have but one meaning. Organization is the only way to meet this condition; thorough organization in a national society in which state and local societies are properly represented. Your National can speak to the nation, to the world, and through it only can we continue the life of the system of medicine which has been of so much benefit to humanity.

If you realize the situation, make the effort to attend. If you cannot, help someone else from your community to attend. We must have a gathering of earnest, true men at this Los Angeles meeting.

Commencement.

At the commencement exercises which were held in Carnegie Lyceum on the evening of May 8 President Spooner conferred the degree of M. D. upon the following graduates: David Alperin, A. B.; Emil Brunor, Ph. G.; Emanuel Di Leo, A. M.; Leonard A. Jaslow, Pincus Mallowitz, Caesar J. Millis, Joseph M. Phelan,

A. M.; Nathaniel J. Shapiro, William C. Willis, Adam B. Wolf, Charles Weckslin.

The dean delivered the report of the faculty. The address to the graduates was delivered by Prof. John T. Sibley, and the valedictory was delivered by Dr. Leonard A. Jaslow.

Following the exercises at Carnegie Lyceum graduates and friends enjoyed the Beachonian Banquet at Hotel Astor.

A Disgrace to Civilization.

When one thinks of the immense energy displayed by the medical politicians of this state in their efforts to secure the passage of a law which they intended should give them full control of the entire medical profession of the state—at the same time claiming that their activity was exerted solely for the welfare of the people at large—it seems a little strange to the ordinary mind that their interest in the people does not prompt them to make some sort of an effort to secure the adoption of a law preventing fanatics from indirectly—if not directly—committing murder through their influence over the minds of neurotic and other easily imposed-upon people.

These fanatics—some of whom are known as Christian Scientists—according to the decision of an eminent judge of this city, are practicing medicine within the meaning of the medical law of this state. Why, then, do these medical politicians, who pretend to be anxious to protect the people against quackery, fail to enforce the sensible decision of the jurist referred to? Can it be possible that they are afraid that such a course would result in a loss of votes for the measure with which they hope to annihilate the Eclectic school of medicine?

As an illustration of the inhuman and murderous work which fanatics are permitted to engage in, attention may be called to the death in this city of Mrs. Robert McBride, who, according to the daily press, was allowed to die of a disease which, under proper treatment, is curable, without the least rational attempt being made to save her life, notwithstanding the fact that her own sister, a woman of more than ordinary ability, insisted upon having a physician called to attend the patient. Instead of a physician being summoned, however, the "healers," stating that the sister was the "discord" which prevented the patient's recovery, secured her arrest, and she was placed in a prison cell as a disorderly person. In other words, the influence of the fanatics and mountebanks has become so powerful in the great city of New York that they were able to have a reputable, educated and refined woman placed in prison as a criminal for daring to protest against the life of her own sister being sacrificed on the altar of fiendish fanaticism. J. W. F.

A License Is Property.

The right to annul a license granted to a physician by a board of registration has been deemed by many boards as within their proper powers, but Judge McVey, in the district court for Polk County, Iowa, recently ruled to the contrary. In a case in equity he granted a permanent injunction and delivered the following opinion:

"I am clearly of the opinion the whole case, under the authorities, that the right to practice medicine once being conferred and exercised for a number of years by a physician, is not only a right, but is the exercise of a liberty which amounts to property, and that the holder of such a certificate can not be deprived of his right to practice medicine without due process of law; that where a statute reposes in a board or court the right to dispose of the rights, liberty or property of a citizen, fails to provide for a constitutional trial, the act is unconstitutional."

This is undoubtedly good law, but it would seem just and reasonable that a board granting a license predicated upon certain conditions, such as good moral character and professional conduct, should have the power to revoke such license in case the holder of it violates the conditions upon which it was issued. J. W. F.

Last Call for Los Angeles.

When this number of the "Review" reaches its readers the time will be fast approaching for those who are to make the pilgrimage to Los Angeles to attend the "National," enjoy the picturesque scenery, the palatial hotels and the delightful comradeship of their fellow-travelers, to make their final arrangements.

It is useless to go into the details of the trip for these have been fully covered in the descriptions already given, but we do wish to emphasize the fact that those who do stay at home will miss one of the grandest opportunities of their life for seeing the natural beauties of our magnificent country at a most reasonable cost.

Just a few facts for the guidance of those who have decided to make the journey:

First.—In buying your ticket see that it reads precisely as the route has been given in the Itinerary. If you have lost or given away your copy send to Dr. Pitts Edwin Howes, Boston, Mass., for a duplicate copy.

Second.—The train on which we start leaves Boston, Monday, June 10, at 10.45 A. M.; Albany, the same date, at 4.20 P. M., and all other points between Chicago according to the railroad time table. To this train will be attached special Pullmans for the use of our party. We leave Chicago at 6.30 P. M., Tuesday, June 11, and Kansas City about the same time on Wednesday.

Third.—All those who have not reserved their Pullman accommodations should do so at once, as it is necessary to know how

many are going in order that adequate provision can be made. Those who have decided to go to Los Angeles by some other route, but wish to return with the Eastern party should also send in their names for reservations immediately, enclosing therewith the sum of two dollars. It is important that all of this be received by May 27.

Fourth.—A coupon book has been provided that will cover the cost of the trip for all Pullmans, hotel bills—except at Los Angeles and meals at the Fairmount, and steamer. Every person will be given one of these upon the payment of the necessary amount to cover the part of the trip they wish to take.

A final word—do not let this splendid opportunity slip by unimproved. See and enjoy the wonders of your own country, and you will never regret the outlay.

Henry J. Birkenhauer, M. D.

Dr. Henry J. Birkenhauer died at his home in New York City April 20, after a short illness. He had been in delicate health for some time, but was seemingly recovering when his malady became acute. Dr. Birkenhauer will ever be remembered as a man of sterling qualities and firm convictions. He was a dutiful son, a loving brother, a faithful friend. Ever studious, he had acquired a wonderful knowledge of his favorite study, materia medica. He was a simon-pure specific medicationist, and advocated its principles with the earnestness born of conviction of its truth. He was, during his student days, royal fellow of the Beathonian Society. After graduation he affiliated himself with the county and state societies and with the National Eclectic Medical Association. He served as president of the county society and did much during his term of office to advance the local interests of Eclecticism. He served three successive terms as secretary of the Specific Medication Club, and to his work much of the success of the society may be attributed. Dr. Birkenhauer was demonstrator of chemistry at the college for several years. Students will remember him as an earnest, competent, painstaking teacher, whose patience and talent did much to elucidate the difficult science. The deceased was for six years superintendent of the Eclectic College Free Dispensary, and had previously served several years as house physician. Here, as elsewhere, the doctor left an enviable record.

Active in all organization work, the doctor took a most earnest part in the Kings County Dispensary Society, and did much to bring it into its present flourishing condition.

He was a Master Mason and was most highly esteemed among a host of Masonic friends, who paid their tribute of sympathy and respect at the last gathering at which it was his Maker's will he should attend.

In the death of Dr. Birkenhauer, his family, his friends and his school have lost a treasure. He will be missed on every occasion

upon which Eclectics gather—society, alumni, commencement. We will miss him in prosperity and in adversity—yet his memory will abide with us.

H. H.

Original Articles

Hot Baths in Burns and Scalds.

BY W. J. KRAUSI, M. D.

Read at the annual meeting of the Kings County Eclectic Medical Society.

Burns and scalds are classified according to degrees, varying from the mildest form, producing but a simple inflammation of the skin, to the most severe, destroying all the tissues of the part. Each case of scald or burn is a law unto itself. The gravity is usually dependent upon the extent of surface of integument destroyed rather than upon the depth of the destructive process. This rule does not hold if there be destruction of large blood vessels or if there be interference with such muscular activity as is essential to life. In considering the practical treatment of burns and scalds it is not necessary to enter further into a classification or definition than to keep in mind that the deeper the burn or scald the greater the destruction of blood disks, and the greater the danger of severe shock. It is very difficult to determine accurately for the first few days the depth and the extent of tissue destruction. The quantity of blood corpuscles destroyed in such cases is of the greatest importance in determining prognosis and degree of shock. Blood corpuscles are essential to all vital processes, particularly respiration and reconstructive metabolism, as well as to elimination of or by effete products. The "loosening" of the molecular construction of the hemoglobin, diminishing circulatory oxygen and producing an excess of fibrin-ferment, are all important factors in the prognosis and treatment. It is also well to keep in mind the danger during the first forty-eight hours of cardiac paralysis from overheating of and chemical changes in the blood and from diminution of vascular tone due to nerve irritation or auto-intoxication. Secondly, after the first few days, there arises the danger of infection from ptomaine poisoning and the formation of thrombi or emboli from circulatory or blood changes. My experience leads me to believe that the above-mentioned dangers and complications are the only ones of importance to consider in the treatment of scalds and burns. I believe that the many other complications and sequelae described at length in textbooks as possible, can be largely if not entirely avoided by proper treatment. I believe that pneumonia, pleurisy, pericarditis, cerebritis, meningitis, peritonitis and intestinal inflammation, unless accruing in the first three days, are caused by auto-

intoxication, vascular irritation, etc.; all are due largely to unscientific treatment. To be sure, in the case of severe burns or scalds, where the lesions involve the entire thickness of the skin and the underlying tissues, with possibly a complete charring of the part, or where the burn or scald has extended to a point, or where such extension is caused by sloughing, there is danger of complications, particularly of arthritis and tetanus; and, as suppuration is almost unavoidable in the severer types of burns and scalds, septic phenomena are usually present. The comparative frequency of malignant growths in scars, following extensive burns or scalds, is materially lessened by the author's simple treatment. Skin grafting, sliding or transplantation in mass, is the ideal practice when indicated, but the material is not often easily obtained. I believe the best results in skin grafting are obtained when only the epidermis and malpighian layers are included and dressed with gauze, held on with adhesive strips. This dressing should not be disturbed for at least three days, unless septic symptoms manifest themselves. If the graft has "taken" a bluish white spot will be seen.

The constitutional treatment in severe cases of burns and scalds with symptoms of shock and collapse, resolves itself into the alleviation of the conditions or symptoms manifested, by giving such remedies as may be indicated. Hot drinks, hot baths, warm blankets, absolute rest, heat to the extremities and small doses of strychnia—if indicated—will do much to prevent shock. From the very beginning rigid asepsis should be observed, and should receive special attention. I desire to call your especial attention to the local treatment which has given far better results than the old-time powders and ointments, which plaster up the wound and keep the "air out" and the effete products in.

Burns and scalds of the first degree require no special treatment other than the bath and hamamelis with menthol. In burns and scalds of the second degree, the blebs should be evacuated and the parts thoroughly cleansed in the bath; locally apply hamamelis with menthol or warm olive oil. It is in the escharotic form of burns and scalds, where the entire skin and the underlying muscular and fibrous tissue have been destroyed, that the following local treatment acts so well, giving almost instant relief to the severe pain. The first and most important consideration where the skin has been destroyed is to re-establish cutaneous and general elimination and respiration. Remove all clothing without disturbing the affected area, place the patient in a full bath, temperature not less than 100° F. and not more than 105° F., using a solution of one-half of one per cent. of permanganate of potash. Remove the burnt clothing—in the bath—or as much as can be easily detached, allowing the water to thoroughly soak the wound. This will give instant relief.

If a large area of skin has been destroyed, with corpuscular

or vascular changes and irritation, place the patient in a warm bed after the bath, with hot water bottles to the extremities, and apply warm olive oil to the wound. Cover with gauze. Give internally specific passiflora, 20 drops in hot water every hour; and such other remedies as may be indicated. Repeat the permanganate of potassium bath in 12 hours, and if the wound is then thoroughly cleansed—the gauze should be removed in the bath only—apply over the entire wound small strips of lint soaked in the following solution:

R Dist. ext. hamamelis. $\bar{5}$ viii
Menthol $\bar{3}$ ss
M.

Cover the lint strips with gauze, and repeat the bath in twelve hours. This will relieve all pain, and in most instances heal without ulceration; it will control any ordinary hemorrhage or capillary oozing. Should suppuration or ulceration follow, continue the bathing as described and apply the following:

R Ichthyolone part
Lanolin nine parts
M.

Should exuberant granulations occur, apply pure Eclectic wash. Continue the use of passiflora in hot water, as long as indicated. Dr. Pearlstien will present several cases where the efficacy of this treatment has been demonstrated. The doctor will call your attention to one case in particular where fully one-fifth of the integument of the entire body was destroyed, the muscles of the left half of the chest, neck, face and the arm were laid bare. In this case there was a marked destruction of the capillary vessels, and a general disturbance of nutrition.

Brooklyn, N. Y.

A Comparative Study of Heart Remedies.

BY H. HARRIS, M. D.

Read at the annual meeting of the Eclectic Medical Society of the State of New York.

Perhaps there is no organ for whose diseases a greater variety of drugs has been suggested and used than the heart. I may even add that all drugs which possess any potency whatsoever exercise some influence on that organ. In taking up this comparative study, I will bring forward such remedies only as are useful when the heart itself is diseased, either as to its structure or function.

Among the drugs most powerful in influencing the heart may be mentioned digitalis, strophanthus, nux vomica, nitroglycerine, xanthoxylum and cactus. In comparing digitalis with nitroglycerine, we find that although both are powerful cardiac stimulants, they work along diametrically different

lines. Digitalis lowers the pulse rate by direct stimulation of the inhibitory apparatus, and stimulates the vaso constrictors. Nitroglycerine, on the other hand, relaxes inhibition as well as the vaso constrictors. The relaxed arterioles accommodate a largely increased quantity of blood, with a consequent effect upon the pulse. Strychnine is a direct stimulant to the vaso constrictors and to the motor ganglia of the heart. We see that these three remedies, although all are stimulants, act in different ways. In selecting a remedy for heart stimulation one must ascertain, if possible, the nature of stimulation to be given.

Digitalis, owing to its stimulation of the vagi, decreases the number of the diastoles and prolongs their length. By prolonging the length of the diastole, a dilated chamber is given an opportunity of completely emptying itself through a constricted orifice. It has been asserted that digitalis has a positive effect upon the cardiac muscle. This may be due to the increased nutrition attained during the prolonged diastole, the time during which the coronary arteries are filled and during which heart nourishment takes place.

Digitalis is contra-indicated in aortic insufficiency because during the prolonged diastole too much time is given for the blood to regurgitate into the ventricle, with the danger of consequent fatal syncope.

It seems also to be contra-indicated in aortic stenosis because of the frequent complication of regurgitation. In old age and in fatty degeneration, digitalis is contra-indicated because of the powerful contractions induced. Nitroglycerine seems especially indicated in conditions where there is excessive arterial tension with consequent strain on the heart. It will relieve the vaso constriction and ease the overtaxed heart. Nitroglycerine has been said to have a more powerful effect on the right side of the heart than on the left side. In pneumonia or pulmonary oedema, with weakened second pulmonary sound, nitroglycerine is especially useful. The right-sided motor ganglia are stimulated, venous congestion overcome, and imminent dissolution oftentimes avoided or postponed.

Strychnine is often the remedy in emergency cases, before a positive diagnosis can be made. It is a direct tonic to both the nervous mechanism and to the muscular fibre. Where cardiac depression is due to acute overexertion, without organic disease, it is a positive remedy, lashing the flagging heart into renewed activity, thus tiding over a temporary emergency.

Digitalis and strychnine by raising arterial pressure in the kidneys, both operate against their own excretion, and are thus liable to cumulative effects. Not so with nitroglycerine. It is a most efficient diuretic, and in smaller doses may often be advantageously combined with digitalis and strychnine.

Strophanthus, unlike either of the remedies discussed, has no

direct action on the vaso motor system. It stimulates the heart by direct action upon the cardiac fibre, increasing the force of the systole and diminishing the pulse rate. While the blood pressure is slightly raised, this effect is produced by vis a tergo and not by vaso motor interference. Strophanthus is rapid in action and its effects lasting. By stimulating renal circulation, strophanthus is a useful diuretic, when heart disease is complicated by disturbed kidney action. Strophanthus is not cumulative in action, nor does it disturb the gastro-intestinal tract. It has been particularly recommended in cardiac dyspnoea, valvular lesions with anasarca, and pneumonia. It is useful in cardiac asthenia in sclerotic patients, and in syncope from reflex causes.

Xanthoxylum, although not so powerful in action as the four remedies mentioned, is, nevertheless, positive. Its exact method of action is not clearly understood, but its effects are constant. Ellingwood claims that stimulation is resultant upon nerve action. Capillary stasis, whether in the skin or internal organs, yields to the remedy, hence its wide field of action. Xanthoxylum is a diffusible stimulant, acting throughout the entire body. It may advantageously be used to continue the effects of the more powerful stimulants, whose qualities oftentimes unfit them for continued use.

Cactus grandiflora, like xanthoxylum, is more gentle in action and better fitted for continued use. While xanthox seems to depend for its virtue upon capillary stimulation, cactus has a direct effect upon the nerve centers. It increases cardiac energy by stimulation of the intra-cardiac plexuses. It has no irritating action upon cardiac fibre, as has strophanthus, nor has it the cumulative effect of digitalis. Cactus is not indicated where immediate and powerful stimulation is required—it is not an emergency remedy. Its special field is in chronic progressive cardiac inefficiency. Here it is a reliable agent in restoring the tone and regularity of the heart.

New York City.

Vicarious Menstruation.

BY J. DE BEERS, M. D.

Read at the annual meeting of the Kings County Eclectic Medical Society.

It is a generally accepted theory that menstruation is the result of degeneration and subsequent exfoliation of the lining membrane of the uterus. Menstruation and ovulation may occur independently of each other, yet that the former function is dependent upon ovarian activity is certain, for when the ovaries are extirpated menstruation ceases. The accompanying flow is usually sanguineous, although in some instances the removal of the decidua menstrualis is effected without discharge—the so-called “white

menstruation." This latter condition need not necessarily depend upon anemia.

The case I wish to report is that of a woman, thirty years of age; she is married, has had one child and two miscarriages—each of which was followed by curettage. Menstruation began at the age of fourteen, continued regularly and profusely. At the age of twenty she gave birth to a child. The flow of milk was excessive, and menstruation continued regularly and profusely during the entire period of lactation. At the age of twenty-five she suffered with menorrhagia, which was controlled, after which menstruation occurred more or less irregularly for two years. At that time a complete change occurred. Preceding menstruation by two days there would be a rectal hemorrhage of about an ounce; then followed the discharge of a few black particles resembling tar, together with some decidua shreds having a most offensive odor. Probably this condition was due to degeneration because of lack of fluids in the uterus and tardy expulsion. This state continued for two years, when a change was again noticed. The monthly flow now consists of a little discolored mucus, accompanied either by a small hemorrhage from the rectum or by hematuria. She often complains of a taste of blood during the inter-menstrual period.

The following symptoms affecting the nervous system are complained of: Anaesthesia from the waist to the groin, sometimes to the knee; hyperaesthesia at the pubes, and temporary paralysis and aphonia.

The rectal hemorrhages are not as regular as formerly, being at times replaced by urethral hemorrhages, occurring frequently independently of micturition. For this reason hematuria is excluded, as well as for the fact that the latter condition is not distinctly periodic; moreover, the etiological factors of hematuria, malaria, exposure, calculus, etc., are wanting in the case under consideration.

The following is my diagnosis and explanation of the various phenomena: It is evident by the flow that no tearing of the uterine capillaries takes place when the decidua exfoliates, nor is the customary pelvic engorgement present. These facts are consequent upon perverted nerve action, hence the sensory and motor disturbances before enumerated. As far as can be ascertained there is no pathological condition in any other organ or tissue—all other functions being normal.

Brooklyn, N. Y.

The volatile oil of gaultheria is the source of the purest and best salicylic acid.—*Summary.*

Address by Prof. John Uri Lloyd.

Delivered at the annual meeting of the Eclectic Medical Society of the State of New York.

Permit me to thank the members and officers of the New York Eclectic Medical Society for the pressing invitation that permits me once more to meet with you in Albany. I consider, however, that in addition to my honorary membership in this society, I have an inherited right to an interest in anything that concerns the New York affairs. For although my boyhood was spent in Kentucky and my business life in Ohio, I was born in the state of New York, near Honeoye Falls. Here, in the early history of this state, beginning with the clearing up of the land and the pioneering of what was then a western country, my ancestors, both on my mother's side and on my father's, did their work, and did it well. The valley of the Genesee and the valley of the Mohawk attested to the industrious efforts of the Lloyds, the Websters, the Gates and the Coes, as well as many relatives from among the founders of this state. The portraits about us of the governors who have ruled the destinies of this Empire State, are familiar to me, and the works they have severally accomplished seem to me, as I look upon their features, as a part of a story made very familiar through the instruction that came to me from my family. But let this pass. What we have to consider to-day is the present and the future of Eclecticism.

Confronting the Eclectic school in medicine, as I look at it, lies the danger that comes through too much prosperity. Those who practice medicine at present can but faintly appreciate the trials and privations, the antagonisms and persecutions of the founders who preceded them. A life of ease makes us indifferent, careless and neglectful. This is one of the breakers that always confronts a body of men who come into an inherited wealth, but who find it unnecessary to strike for self-existence, as did their fathers. Let the Eclectic physician of New York, however, remember that his right to practice medicine according to the methods that give him this easy life, may be but a temporary right, unless he maintains his interest in a cause that is as vital to-day, in the interests of medicine, as it ever has been. Let the stay-at-home and the luke-warm practitioner who believes that he is being cared for, as he has ever been cared for, heed the lessons that come from outside and from the past. If enough Eclectic physicians of the state of New York become lukewarm and indifferent, believing that no effort on their part is required to maintain their position, it will be found that they are cherishing a false belief. This, in my opinion, is the greatest danger that lies in the path of the Eclectic school of the present day.

Pessimists, backbiters, snarlers, as well as jealous people who wish either to rule or ruin, we have always with us. From such

men as they, Eclectics of the present can no more hope to escape, than could the Eclectics of the past. But such men are soon located, and their dispositions established, so that with the optimistic bulk of humanity they are not in accord and really do but little harm, serving rather as an object lesson for good.

Then there are some who go into other societies, either by reason of mistaken ideas regarding their opportunities to serve themselves and others, or because they are soured or prejudiced, perhaps on account of some imaginary affront or neglect. These men, too, are always with every party, and the Eclectic school cannot hope to exclude them. They do not always mean to be wrong. Often they accomplish some good, but it can be seen that if enough of the profession should do likewise there would be nothing left of the school. The man who wanders in this way soon loses his freedom of thought. He becomes less important in his old home, and, as a rule, is seldom given any marked conspicuousness in his new home. To put it plainly, his old friends look upon him with suspicion, his new friends view him with distrust. Happily, the Eclectic school in medicine is not very seriously afflicted in this direction.

The cause of Eclecticism was never more important to the people and the profession of medicine than at present. The regular school in medicine has within the last three decades twice dropped its materia medica and practice and taken up with something new. The medicines and the methods advocated as the only "Regular medicines" and methods, half a century ago, have been displaced, until now those then established through the inheritances of the centuries, are scarcely mentioned, barely a dozen remaining. The hope that from the direction of the animal serums, the toxins and the anti-toxins would come a line of remedial agents that would permit of an exactness in therapy unknown to others, no longer prevails. Only a few of these have been established in the confidence, even of the most enthusiastic and hopeful man, and these few, with perhaps a few exceptions, are questionable, with the majority of physicians. It can be said, and truly said, that the practice of the Eclectic, the medicines and the materia medica of the Eclectic, that have been developed through nearly a century of persistent and constant study, are the remedies to which the members of the regular profession must increasingly and longingly turn their attention. This needs no argument, and should the Eclectic school in medicine abandon their inheritance in this direction, a wealth that comes to them from the past, they will find that it will be taken bodily by the dominant school as an established materia medica, and developed along the same lines. The demand for exact remedies is greater now in outside schools than ever before, and this demand will grow increasingly as the years pass. I am in a position to know that the name "Eclectic remedy"

is no longer sneered at by the best men of the dominant school, and I believe that the Eclectic school in medicine can do no better work for the people, for the cause of medicine at large, and for itself, than to go on in the future as it has in the past, maintaining the same methods that have so successfully established the school and the school's practice in the eyes of the world. No greater kindness could be shown the regular school in medicine than such a course of procedure.

A duty the Eclectic practitioner at large owes to himself and his school, is the selecting of qualified young men to attend the colleges of Eclectic medicine. The demand for Eclectic physicians is so great that none can be furnished when comes the day of graduation. Every graduate is beckoned from many directions, and the question is, "Which place shall I take?" Those crying for an Eclectic physician, and getting none, are disappointed. The professors in the college, the trustees and officers, cannot furnish the material. They are doing their duty when their work is so accomplished as to establish the institutions as they must be established now, to maintain a standing through the different sections of the United States. Let the practitioner of medicine remember that his duty demands that this phase of the cause be not forgotten by him. The colleges should be filled to overflowing, and if they were doubled in number not one graduate more than would be demanded would receive a diploma. The practitioner of medicine should remember that if the classes in colleges decrease, the responsibility rests mainly with the men who should be preceptors, and who should take a pride in whichever college is their alma mater, or in whichever college they are then concerned.

It seems to me as though, in one direction, we are not following the methods of the Eclectic fathers. Whilst I oppose all offensive displays or advertisements, I believe that a courteous pamphlet, explaining what Eclecticism is, what Eclecticism has done, and what it is now doing and what it intends to accomplish, that practicing physicians can give to the reputable members of the community in which they reside, would be in good form, and ethical. There should be no bombastic bragging, there should be no extravagant claims. These are unnecessary. There should be no bitter antagonism exhibited toward any one, a plain statement of facts is all that is necessary, and the Eclectic school in medicine has behind it and with it and ahead of it such an abundance of material as to render such a statement very conservatively made, of great interest and value. Indeed, it might be made of much value to the members of other schools in medicine as showing what the Eclectic school in medicine has done, what are its ambitions, and what the other schools in medicine owe to the work it has accomplished. In my opinion this latter feature of the case, if it be made fair and positive, will be educational, even to the members

of the regular profession, who now misconstrue or misunderstand the cause that takes the time and care of the Eclectic. But I offer this only as a suggestion coming from a pharmacist. It might not be approved at the present day, even by the medical profession at large, nor do I really care whether my views are strictly ethical in this direction, for I believe that these facts and truths would be useful and do no wrong to any one. This is true ethics. Let the Eclectic remember that the dominant school has perhaps twenty men telling their story, to one Eclectic.

Concerning the *materia medica*, therapeutics and practice of the Eclectics, it may be said that it was evolved by empirical experimentation, in which remedies of unknown values were tested in disease. Let me say that the remedies established in this way are the remedies that stand in cure of disease, and let me add that this is the way that all the valuable medicinal plants have been established. I want no doctor to treat my family who establishes the values of his remedies by injecting them into healthy dogs, frogs and cats. Give me the empiricist who watches disease expression and the action of remedies in disease expressions, and who reads after men whose remedies were established in this same way, and I will call him the scientist in medicine, believing that the man who establishes his practice by injecting his remedies into the veins of healthy animals is more of an empiricist, and a visionary empiricist at that. Possibly he might be called an illogical empiricist. Each of these men establishes his medicines by observing the effect of the medicine, one on a healthy dog, and the other on a sick human being. I claim the right to my opinion in that both being empiricists in that they test their medicines through observation, the scientific man in medicine is more likely to be the one who knows how to use the remedy established in the disease of a human being, than the one who uses his remedies because they produce some physiological action, probably only the poisonous action, on an animal in health. Let the Eclectic remember these facts, and let him not be disturbed because perhaps some man well versed in mathematics and astronomy and Greek and Latin and the lines of higher criticism, religious, ancient, political and modern, considers that the man who studies disease at the bedside is an empiricist.

But enough. In my opinion, the cause of medicine would be deeply injured should the Eclectic school in medicine relinquish its efforts in the line their fathers have followed, and, in my opinion, the regular school is being immensely benefited to-day by the work the Eclectic has done and is doing to-day. In my opinion, this work would not be done in the future, nor could it have been done in the past, unless accomplished by independent research of such men as have gone before us, and are still with us.

Cincinnati, Ohio.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The Second Row in My Medicine Case.

NO. V. IPECACUANHA—IPECAC.

This old and favorite remedy is prepared from *cephaelis ipecacuanha*. Its active principles are emetine and cephaeline. In small doses it acts as a stimulant to the stomach. The salivary and gastric glands are also markedly stimulated by it.

Large doses of ipecac are powerfully irritant and emetic, the emesis being the result of both local irritation upon the stomach and a certain action on the vomiting center. The vomiting is preceded by and attended with but slight nausea, although there is usually a marked increase in the secretion of bile and intestinal mucus, full doses of the drug acting not only as an emetic, but also as a purgative and cholagogue.

The drug is eliminated mainly by the gastro-intestinal mucous membrane, although the other secretions take part in the excretory process, the skin being especially affected by the drug, which acts as a mild diaphoretic.

In poisoning by ipecac there is violent vomiting and purging, the discharges containing bile and frequently blood. Among the more important symptoms are abdominal pain, cardiac depression, muscular weakness and greatly diminished reflex irritability. The skin is cold and bathed with perspiration.

The approved treatment of poisoning by ipecac consists of administering tannic acid as the chemical antidote, and the exhibition of opium, belladonna and such cardiac stimulants as may be found necessary.

In suitable doses ipecac is a very efficient emetic, and it is especially indicated as such when it is desirable through the act of vomiting to empty the air passages, as in spasmodic laryngitis, bronchitis, trachitis, and the early stages of some cases of diphtheria. The action of the drug being comparatively slow, there are other emetics—apomorphine, for instance—which are preferable when it is necessary to empty the stomach quickly, as in the various forms of poisoning. When the stomach contains a quantity of undigested food, however, which causes pain and headache, ipecac constitutes one of our most valuable emetics, since it occasions but little, if any, marked nausea or depression.

In small doses ipecac is an excellent remedy in hepatic dyspepsia, and also in atonic dyspepsia, attended with flatulence. It is remarkably efficient in dysentery, and it is the more efficient the

earlier it is administered. In infantile diarrhea it is a remedy of decidedly curative power, and in hematemesis and passive uterine hemorrhage it is employed with marked success. In passive hemorrhage of the stomach it has no superior, and in hemoptysis it is beneficially employed. Ipecac is also of unquestioned value in many diseases of the lungs and bronchial tubes. In pneumonia, particularly in the congestive and declining stages of the disease, it is often serviceable. In bronchitis and phthisis, especially when the secretion is scanty, and in chronic bronchitis when the cough is severe and there is but a moderate amount of expectoration, ipecac constitutes a valuable remedial agent. In spasmodic asthma it has also been employed with satisfactory results. Small doses of ipecac and aconite are many times the only needed medication in cholera infantum, and the same prescription will cure most cases of ordinary summer diarrhea.

The following are among the most reliable specific indications for the exhibition of this drug: Irritation of the stomach, large or small intestines; irritation of the bronchial mucous membranes and air-cells; irritation of the mucous membranes with increased secretion, when the tongue is narrow and pointed; profuse menstruation; passive hemorrhage; nausea and vomiting when the tongue is narrow and pointed; hoarseness following coughs and colds.

The doses of the preparations of ipecac usually employed are as follows: Extract, $\frac{1}{8}$ to 1 grain (the latter is emetic); fluid extract, 1 to 30 drops (the latter is emetic); specific medicine, 1-10 to 30 drops (the latter is emetic); wine, 10 to 30 drops; syrup, 5 to 60 drops.

In most cases the following will constitute an efficient prescription: \mathcal{R} Ipecac, gtt. v. to xx.; water, \mathfrak{z} iv. Teaspoonful every hour.

Hyoscine.

This drug constitutes an essential part of an anesthetic which is being extensively discussed in the medical press, and it is, therefore, of special interest at this time.

The abstracts which follow are taken from a physiological study of hyoscine, translated from Houde by Dr. E. M. Epstein, and published in *Clinical Medicine*:

"Hyoscine is found in *hyoscyamus niger*, of the Solanaceae family, together with hyoscamine and sikeranine, the last of which is totally unused. Hyoscine is isomeric with hyoscyamine and atropine, but it possesses certain physical, chemical, physiological and therapeutic properties, which are special to it, and which distinguish it from the last two substances.

"Hyoscine is a base of a syrup consistency, almost solid when it is very pure. It combines with acids to form salts. The hydrobromides and hydrochlorides are almost the only ones used thera-

peutically. The hydrochloride is a white crystalline salt, of bitter taste, soluble in water, alcohol and ether.

"Magnan defines its action as follows: 'When we inject a milligram or one and a half of hyoscine hydrochloride into a patient who is a prey to a sharp maniacal excitement we do not at first notice any change in his behavior, but at the end of five or ten minutes, rarely more than that, the agitation becomes less, his movements lose their abruptness and rapidity—they last not so long. At intervals of some seconds the patient is quiet, holds still, and if standing up he does not gesticulate any more. His gait becomes shaky, uncertain and ill-co-ordinated. His muscular debility and inco-ordinate movements oblige him to lie down and in fifteen to twenty minutes he can not raise himself. He tries yet to straighten himself up, but his legs do not support him and he lies down upon the floor. At the same time his loquacity becomes less, he is less voluble, and there are intervals of silence. The voice becomes more and more feeble, at times broken, trembling, and at the end of twenty-five minutes it is extinct; the patient does not speak any more, or utters a word now and then which cannot be clearly understood. General lassitude accompanies all these phenomena. When the patient sits up, his head droops on his chest, his eyelids close in spite of him, and he falls asleep. The sleep does not seem profound; he opens his eyes when you touch him, but falls asleep again. The sleep lasts five or six hours, and when he awakes he is quiet, sometimes for half an hour, but when the effect of the medicine has been dissipated, then the agitation and loquacity become again as bad as before the injection was made. There is habitual frequency of pulse, of tachycardia, dryness of the throat, thirst, and mydriasis persisting at times for three days.'

"Hyoscine is an antisecretory remedy, which gives good results in profuse perspiration, in alcoholic delirium and in phthisis. It is highly esteemed in asthma and whooping-cough, and as an antineuralgic it gives excellent results in paralysis agitans, chorea, athetosis, sclerosis in patches and in writer's cramp. But it is most used as a sedative and hypnotic against psychomotor excitement. It is also prescribed for various kinds of insomnia.

"We are assured by Messrs. Garnier and Cololian that we can by this remedy calm cases of extreme agitation (although it is only of value temporarily) and obtain also some hours of sleep. It is a powerful sedative, to which we may resort when we have to transport a furious patient to the asylum over a long road. It is a palliative but not a curative remedy.

"It is usually administered by way of the subcutaneous cellular tissues, but it can also be given per os, or by rectal enema.

"The usual dose is from one-half to two milligrams. Hyoscine acts on the inhibitory nerves of the heart in the same way as atropine.

"When a dog had been previously curarized, and then has received hypodermically 7 or 8, or even 5 centigrams only of hyoscine, then the heart will not be arrested when the peripheral ends of the pneumogastric are electrified with a very strong induced current.

"A drop of a one per cent. solution of hyoscine instilled into one eye of a rabbit or dog will produce in seven or eight minutes a marked dilation of the pupil, completely paralyzing the accommodation, then thirty minutes after that instillation the same effects are seen in the other eye, only less pronounced. On man the action is even more pronounced; the paralysis of accommodation by the same strength may last for five days in the one eye, but the other one is not affected.

"Hyoscine hydrobromide, says A. Robin, as a sedative of the nervous system is not quite constant, for at times it acts just the opposite. He thinks that small doses judiciously administered, in cases of trembling, will give more regularity and satisfaction. In illustration he adduces a case of Parkinson's disease in a painter, who was so far cured that he could resume his labors and had only to guard against excitement not to bring on an attack. That patient was given from 1-10 milligram increasingly to $\frac{1}{4}$ milligram of hyoscine *pro die* in the interval between December 4 and 24, 1901, when he was discharged.

"Further experiments were made with this remedy in France by Drs. Lemoine, Malpilate and Ramadier on fifty-four maniacs who had each an injection of 3-10 milligram; 38 enjoyed sleep for five to six and more hours. Usually there is no need to give higher doses, except in cases which become accustomed it may be necessary to advance to $\frac{1}{2}$ or one milligram. In maniacs and alcoholics, Drs. Magnan and Loof give one milligram at the outset, which procures sleep for five to ten hours. The calming effect lasts for an hour or two after awakening, and agitation and loquacity come again. The effect is only temporary.

"The cases in which hyoscine can be employed advantageously are acute mania, alcoholic delirium and hallucinations, anxious melancholy, general paralysis with maniacal excitement, and in the periods of agitation before and after epileptic attacks. It can be utilized with great advantage in traumatism of the insane and generally whenever there is urgency to calm acute mania.

"Dr. Magnan, who considers hyoscine as a kind of specific against agitation as a syndrome, admits that it makes the gait of the patient tottering, his movements to co-ordinate badly, his lower extremities numb, so that the patient rises with difficulty. One maniac said after hyoscine was administered to him: 'My legs will not go, my feet stick to the floor.' Another one said: 'I have pitch in my pants which holds me fast to my chair.'

"Prof. Joly of Strasburg used hyoscine in twenty-three cases

of mania, melancholy and dementia with the following results: One-fourth of the cases got sleep at the end of seven hours; a seventh part at the end of four hours; and in a twentieth part the result was negative. In two cases in which the injections contained from .4 to .6 of a milligram the patient became pale, complained of vertigo, heaviness of the head and no sleep. The results were better when the remedy was given *per os* instead of hypodermically. But whatever be the mode of administration of the remedy the patient soon becomes accustomed to it and the dose has to be raised. It is best then to suspend hyoscine for a few days and use some other remedy for the while.

"Hyoscine provokes disagreeable phenomena in nervous diseases without any cerebral affections.

"Frucher says it ought not to be used as a hypnotic until all other remedies fail, because it has a depressing effect on the entire body. Salgomendum, of the Buda Pest asylum, is of the same opinion, that its use is for calming alien agitations.

"In ocular affections Drs. Trousseau and Remy have confirmed the rapidity and promptness of the medicament. From seven to ten minutes are enough to have the pupillary dilation come to an almost effacement of the iris. Atropine, duboisine and homatropine used in the same strength of one per cent., and the same quantity, one to three drops, do not have such an intense and rapid action as hyoscine. The duration of the mydriasis is also longer, lasting for twenty-four hours just as strongly as immediately after instillation, paralysis of accommodation being complete. The strength of one per cent. is not painful and has no unpleasant reaction.

"Trousseau and Remy have tried the remedy in fifty-two cases of all ages, and in various ocular affections, and found the results uniformly the same. It may be that hyoscine has a more important use in ophthalmic practice than it has been given credit for hitherto.

Rendle reports in the *British Medical Journal* the case of a young man, sixteen years of age, who suffered from chorea and was treated with bromide and chloride of arsenic without effect, and so too with morphine. The patient became debilitated, and the author got the idea of trying hypodermic injections of 3-10 milligram of hyoscine twice a day. A little time after a noticeable amelioration took place. The author then made the same injections three times daily. A week after the chorea ceased, and the treatment was stopped. The convalescence was uneventful.

"Dr. E. A. Robertson, of Montreal, says that a hypodermic of 3-5 of a milligram of hyoscine hydrobromide, administered before an anesthesia with ether, will prevent wholly or in greatest part the accidents which follow such anesthesia. The patient is soon asleep and remains calm so long as he is kept under the ether. The narcosis is rapid and requires but a small quantity of the ether. With this mode of procedure there is no hypersecretion of saliva or from

the bronchi, things which are so troublesome in the usual etherization. Nor is there vomiting, cyanosis or muscular rigidity. The patient may be easily aroused during the twelve hours of half-sleep following after such an etherization. Dr. Robertson never had to record the least alarming symptom that might be attributed to the drug. All the inconvenience it leaves at all is dryness of the mouth and thirst.

"It is well to remember in this connection that Dr. S. Marx, of New York, extolled, some years ago, the action of this drug in cases of accidents after cocainization of the spinal cord.

"Hyoscine hydrobromide may also prevent the vomiting, after chloroforming, according to Dr. Stewart, as reported in the *Austrian Medical Gazette*. The drug seems a specific against post-chloroform discomfort, provided the injection is made before the patient awakes. The dose required is half a milligram. Under these conditions there is nothing to fear. Dr. Stewart's observations seem to be conclusive.

"From the above it will be seen that hyoscine is a medicament of high activity, which should be handled cautiously, small doses at the outset, not exceeding a quarter of a milligram hypodermically, and we would not advise to use the syringe except when the stomachal administration is impossible. Otherwise we advise one-fifth of a milligram, which is Houde's granule, then gradually rising, if necessary, to two, three, four, and even six granules."

The Alkaline Earths and Their Compounds.

The following interesting study of a valuable and frequently employed class of remedies is from the always instructive pen of the editor of *Ellingwood's Therapeutist*:

"In the consideration of the therapeutic properties of those inorganic compounds whose chemical structure consists of a union of an alkaline earth as the basic constituent, with another element of known therapeutic properties, we have not given proper attention to the study of the specific therapeutic action of each element in the compound. The best of our therapists have always studied and applied the compound as a distinct therapeutic agent, and have prescribed each empirically in nearly all cases.

"All the elements entering into the construction of a chemical compound, influence the therapeutic action of that compound, to a greater or less extent, although the influence for which the compound is prescribed, is usually that of the most active element in the compound.

"Of the two elements, sodium and potassium, sodium is much milder in its influence upon the system than potassium, and yet the compounds of the latter have long been most commonly used. Potassium in large doses is an irritant poison, and its salts produce effects by virtue of this action, which may be avoided by using the

same compounds of sodium, which, although an irritant, is not so to any extent comparable with potassium.

"The influence of potassium in its compounds suspends the functional operations of the muscular and nervous structures. This is plainly apparent in its action upon muscular contractility, notably that of the heart, the action of which is retarded and its power of contractility reduced by the potassium salts to an extent from ten to fifteen times greater than by the sodium salts.

"When in combination with bromin, this properly would, in many cases, increase the action of the bromin, and thus prove desirable, as when administered for an excitable condition of the heart, in sthenic conditions, or in oversexual excitement, or conditions where there is excitability of the circulation, local or general, with hyperemia, with greatly increased muscular and arterial tension.

"The influence of potassium upon the mucous membranes and glandular structures of the stomach and intestinal canal is more irritating and interferes with the functional action of these structures to a much greater extent than sodium. The sodium salt is appropriated much more readily and is more kindly received, and can be given with a satisfactory influence upon the stomach, when disorders of that organ complicate the general condition.

"This fact is confirmed by the common use of the sodium compounds instead of those of potassium in gastric acidity, and in general disorders of the stomach and intestinal canal.

"It will be observed that where the general functions of the organs of the gastro-intestinal tract are impaired, the sodium compounds, for whatever purpose prescribed, will exercise a more desirable influence, but in conditions where these organs are intact, and where there is exalted heart action, and an exaggerated arterial tonus, the potassium compounds may be preferable.

"The more soothing influence of the sodium compounds upon the mucous structure facilitates their absorption, and this perceptibly promotes their action. It is often observed that the same results are obtained from the use of five or six-grain doses of the sodium bromid, or iodid, as are accomplished by no less than ten grains of similar potassium compounds. The lack of irritable properties facilitates their elimination.

"In our further careful study of the entire list of remedies which are similar to those into which sodium and potassium enter, we should include the compounds, also, of calcium and magnesium, as closely related to sodium and potassium, in the natural chemical grouping, and we may also include lithium and strontium.

"In this study we must then consider the trophic properties of calcium in its influence upon the osseous and nervous structures, as an actual constituent of the bones, and both the restorative and osmotic properties of the magnesium, and the soothing influence of the strontium upon all glandular structures and upon the mucous

membranes. Finally we consider the influence of lithium as opposed to the accumulation of uric acid, as a direct stimulus to renal elimination, and as a sedative to irritation of the renal organs.

"Barium is a natural member of this group and it and its compounds might be included in this study with advantage.

"The effect of calcium upon the system is largely nutritional. It is a direct constituent of the bones, and in any compound, I believe there is a possibility of a separation in the compound, or of a change in the character of the molecule, so that the essential demands of the osseous structures are supplied either by the element, or by another essential compound formed from it. Uncombined, calcium is a gastric irritant. It is the basis, however, of the best of the alkaline compounds, and is of much service, when the neutralization of acids is demanded. In combination with the haloids, we have a very active class of remedies, from this substance. The calcium bromid, however, is not as commonly used as the other bromids. The calcium chlorid is a powerful antiseptic, as are all chlorids, to an extent. The calcium iodid is one of the very best of the iodids and is especially indicated as an alterative when the osseous structure is involved to any degree, in degenerative changes.

"The influence of magnesium, independent of its compounds, is not known, but a comparison of each compound with a similar one of potassium or sodium, shows it to be much milder in its every influence. It is possible because of this fact, that the influence of bromin or iodin would be more smoothly exercised from a magnesium combination than from a sodium or potassium combination. We have yet much to learn concerning these compounds. A book has recently been written upon the action of magnesium sulphate and it is very evident that this salt is in every way superior to that of sodium or potassium sulphates. It has an influence wider and more comprehensive than any of the other sulphates.

"Strontium can also be placed in this group, although it does not strictly belong to it. In combination with bromin it exercises a direct influence upon the stomach, which is not comparable with the influence of either sodium, potassium or magnesium. It is tonic as well as actively sedative. It not only neutralizes a certain proportion of excessive acidity, but it inhibits a hypersecretion of the acids and prevents fermentation. All this in conjunction with a sedative influence upon the nervous system fully equal to that of the sodium or potassium compounds. I believe there is much to be learned, also, of this compound.

"Lithium is quite distinctive in its influence. In the form of a hydrate, it is claimed to be a solvent of uric acid, and owing to its small molecular weight, is capable of dissolving larger quantity of uric acid than either the sodium or potassium hydrates. It will thus be seen that where a marked uric acid or gouty diathesis is present, with a cachexia, in which iodin would seem to be indicated, that

lithium iodid would be preferable to other iodids. This is especially true if there is inactivity of the renal organs, with scanty urine of high specific gravity, and considerable renal irritation. These latter symptoms with temporary mild albuminaria and considerable back ache, are relieved by other salts of lithia, such as the benzoate, carbonate or bromid.

"This latter compound would thus naturally be indicated where there was high nervous tension or an undue degree of nervous irritation with the uric acid diathesis, and the above renal symptoms.

"We might go on and profitably study all of the similar compounds of potassium, sodium, calcium, magnesium, strontium, lithium, and perhaps barium, with iodine, bromine, chlorine, as well as the sulphates, carbonates, hydrates, and phosphates, of these earths, with perhaps also their acetates, tartrates, citrates, salicylates and benzoates. By thus carefully studying the exact action, and the comparative action of the constituents of each compound, and the action of the compounds as a whole, I believe we would soon be enabled to prescribe these remedies, with a specific exactness which is not at present possible. I believe we would be enabled to greatly widen the field of action of many of them, and would possess ourselves of an important addition to our therapeutics of many precise conditions."

Hemlock and Its Alkaloids.

Under the above caption an article of more than ordinary value recently appeared in *Clinical Medicine*. It was written by Dr. J. M. French, and, like everything which emanates from the doctor's pen, is both interesting and instructive. The production is too long for insertion in these pages, but the following abstracts are taken from it with confidence that they will prove useful to the readers of this department of the REVIEW.

The hemlock was well known in ancient times, and frequent allusions to it are found in classic history. It is believed to have been the state poison of the Athenians. Dioscorides ascribes to poisoning by it the symptoms of vertigo, confused vision, hiccough, mental disturbance, coldness of the extremities and convulsions. Nicanor adds to these symptoms that of a sense of suffocation. It is supposed that this was the plant by means of which Socrates was put to death on account of his teachings to the young Athenians. The classic description of his death affords a good description of the symptoms of poisoning by hemlock. "Socrates, after swallowing the poisoned cup, walked about for a time as he was directed by his executioner; when he felt a sense of heaviness in his limbs he lay down on his back; his feet and legs first lost their sensibility and became still and cold; and this state gradually extended upward to his heart, when he died convulsed."

It is claimed by some authorities that hemlock is identical with

"gall," as mentioned in Matthew xxvii, 34, "They gave him gall to drink," and some other passages of scripture. This claim is based on the fact that the Hebrew text makes use of the same word, "rosh," for both hemlock and gall, the inference being that the two plants are one and the same.

Dioscorides declares that the powers of the plant differ very much according to its locality, mentioning Athens as one of the places where it is most powerful; while Matthiolus states as a notorious fact that the conium of Italy is inferior to that of Greece. These statements correspond very well with what is known to-day as to the variability of the plant, though we now know that many other things than locality have to do with its difference in strength under different circumstances.

The only official preparation, according to the Pharmacopeia of 1900, is the fluid extract. Other preparations are the extract, the alcoholic extract, and the tincture. The British Pharmacopeia has an active preparation in the shape of the expressed juice, preserved by the addition of one-third of its volume of alcohol, and known as succus conii. The Eclectics employ a preparation which they call specific conium, and which is in effect a superior form of the tincture. There is also a homeopathic mother tincture.

The chief active ingredients of conium hemlock are coniic acid, a volatile oil, and three alkaloids, coniine or cicutine, methyl-coniine and conhydrine. Certain other substances are sometimes formed during the processes of manufacture, but are not natural constituents. Of the alkaloids, coniine or cicutine is the only one which is employed to any practical extent in medicine. This is a volatile liquid, somewhat lighter than water, having an acrid taste, an alkaline reaction and the characteristic odor of the plant. Its chemical formula is $C_8H_{15}N$. If exposed to heat it is quickly decomposed, and even exposure to the air soon renders it inert. Its principal salt, the hydrobromate of cicutine, however, is a stable preparation, a solid, resisting the air, soluble in water, and containing 60.7 per cent. of cicutine. It occurs in white needles or a powder, and is soluble in about two parts of alcohol or water. This is the preparation which is generally made use of at the present day, and which has rescued this drug from innocuous desuetude and given it a place among the most valued of the active ingredients in use by alkaloidists to-day.

The chief therapeutic use of cicutine is in the treatment of diseased conditions characterized by excessive motor activity.

In these cases large doses are required, as some degree of physiological action is necessary. The patient is in constant motion. Shaller says that it has the same indications and uses as bromide of potassium, than which it is less harsh in action and much pleasanter to take. Accordingly, it has been made use of as a motor sedative and depressant in chorea, tetanus, paralysis agitans, angina

pectoris, asthma, pertussis, laryngismus stridulus and other maladies of a like character.

In addition to its primary effect in allaying motor excitement, it has a slight sedative effect upon the sensory nerves, and this combination renders it of special value in the treatment of nervous and mental diseases, and especially of insanity, acute mania, acute alcoholism and delirium tremens. In epilepsy and hysteria it has been tried, but has been less successful than some other agents.

The Use of Atropine in Uterine Hemorrhage.

In reporting two cases of uterine hemorrhage treated with atropine, Dr. W. C. Wolverton, says:

"On arriving at the house I found the os uteri fully dilated; the woman was having very strong pains, but the head was not advancing; she was almost worn out by the long, hard labor, so after watching the case for some time and noting that the head made no advancement whatever, I delivered a 13½-pound boy, by the use of forceps, although with considerable difficulty. Then, when the placenta came away, a steady, though small, hemorrhage began. Uterine massage, cold applications to the abdomen, and ergot failed to check the flow in the least; then I gave a full dose of atropine, and in a very short time the hemorrhage ceased entirely.

"The other case, I remember particularly well, occurred a month ago. A Russian woman, six weeks pregnant, began to flow at noon. The flow began with quite a gush of fluid, but she thought it was a regular menstrual period, as she was never very regular about her menstruation. The flow continued, with varying severity, until at the end of thirty hours the woman was pretty well exsanguinated and so weak she could hardly raise her hand. Examination found the fetus lying in the dilated os; this was removed, and the remnants of the secundines brought away by the use of an auger-curette. I gave 1-30 grain atropine sulphate hypodermically, and the hemorrhage ceased inside of ten minutes.

"I have used atropine in a number of other cases of more or less severe uterine hemorrhage, and it has always given satisfactory results. But I believe in giving *full* doses, and that, to me, means not less than 1-30 grain, by hypodermic injection."

Think of apomorphine in spasms, collinsonia in pharyngitis, oil of erigeron in hemoptosis.—*Summary.*

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Los Angeles in June, 1907. E. H. Stevenson, M.D., president; J. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1907. A. E. Broga, M.D., president; E. H. King, M.D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearlstien, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. Electa A. Brown, M.D., president; Pitts Edwin Howes, M.D., secretary.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Instructions to National Delegates Regarding Railroad Tickets.

The dates of sale of tickets to Los Angeles or San Francisco will be: In eastern territory, June 8-12; in central territory, June 8-15; in western territory, June 9-16. The going limit will be August 26. Stop-overs will be allowed on the going or return journey at and west of Missouri River common points which are on a line with Kansas City. In purchasing tickets be sure they read over the route you propose to travel both going and returning. Those who intend returning via Portland will purchase tickets to San Francisco and will stop over at Los Angeles. Others will purchase tickets to Los Angeles. Tickets must be validated at San Francisco or Los Angeles before starting on the return journey. The validation fee will be 50 cents. The location of the validation offices are 217 West Second Street, Los Angeles, and 789 East Market Street, San Francisco. Return journey must begin on date of validation.

Those who will return via Salt Lake City, Denver, Colorado Springs and Manitou, must have their tickets validated every six days, e. g., if after leaving Los Angeles say June 22, we stop over at San Francisco so long that we can't reach next stop-over point by June 28, we must have our tickets validated the day we leave there, which will give us six days extension. No charge will be made for validations during return journey. The only other validation necessary will probably be at Colorado Springs, office No. 1 Pike's Peak Avenue. The final return limit will be August 31. At stop-over points where tickets are to be validated they must be deposited at Joint Agency office immediately upon arrival. Those who return via Portland need not have their tickets validated during return

journey. On tickets from Texas and Louisiana and points between Albuquerque, N. M., and Deming, N. M., inclusive, one way via Portland, \$17.50 must be added to direct line rates, and no rate shall be less than \$68.90. From other points the rate is \$12.50 additional.

H. H. HELBING, Corresponding Secretary.

National Association Bulletin for May and Section Officers.

In presenting the list of section officers, whose duty it is to solicit articles and essays for the National Association meeting, as well as to preside over the respective sections in their sittings, let us urge and bespeak for them prompt and courteous replies to their letters.

Whether you are solicited or not, if you have an essay or an article on some important or interesting subject, bring it along, or, if it is impossible for you to attend, send it to the secretary and have it reported in the proper section and thus aid in the work of making the meeting and the Transactions interesting and valuable and instructive.

This splendid array of officers can not, alone, make a successful meeting. The individual co-operation is necessary and we trust that all will loyally support each endeavor that all alike may rejoice in the attainment of success.

WM. P. BEST, Cor. Secretary.

Materia Medica and Therapeutics.

President, Mont. M. Hamlin, M. D., 2609 Lawton Avenue, St. Louis, Mo.
Vice-President, Herbert T. Webster, M. D., 1914 Myrtle Street, Oakland, Cal.
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Secretary, Claud E. Laws, M. D., Ft. Smith, Ark.

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Vice-President, W. N. Holmes, M. D., Wilcox Bldg., Nashville, Tenn.

Secretary, S. J. Stewart, M. D., Lincoln, Nebraska.

Congress of Tuberculosis.

Lyman Watkins, M. D., Chairman, Blanchester, O.

J. M. Mulholland, M. D., Pittston, Pa.

G. G. Gere, M. D., San Francisco, Cal.

Mary B. Morey, M. D., Gonzales, Texas.

W. H. Gage, M. D., Colorado Springs, Colo.

J. F. Taylor, M. D., Salt Lake City, Utah.

American Medical Editors' Association.

The thirty-eighth annual meeting of this association will be held at Atlantic City on Saturday, June 1, and Monday, June 3, with headquarters at the Marlborough-Blenheim Hotel. This active association now numbers nearly 150 members with many applications in hand for action at the coming meeting. An interesting programme has been prepared, and the following are among the papers to be presented:

President's Address.

The Future of Medical Journalism, by Jas. Evelyn Pilcher, M.D., Ph.D., LL.D.
Shortcomings of Physiology, the Chief Obstacle to Medical Progress, the

Need of Editorial Intervention in Such Questions,

by C. E. de M. Sajous, M. D., Philadelphia, Pa.

How Can We Make Medical Journalism Better? a. For Our Readers.

b. For Our Advertisers. c. For Ourselves.

By W. C. Abbott, M. D., Chicago, Ill.

A Word or Two from an Ex-Journalist,

by Samuel W. Kelly, M.D., Cleveland, O.

The First Medical Journals, by O. F. Ball, M. D., St. Louis, Mo.

The Psychology of Medical Journals from the Reader's Standpoint,

by T. D. Crothers, M. D., Hartford, Conn.

Further Reflection on the Official versus Independent Medical Journals,
One Year's History.

by Wm. J. Robinson, M. D., New York City.

Journalistic Suggestions from a Semi-Disinterested Standpoint,

by Wm. Porter, M. D., St. Louis, Mo.

The Situation, by C. F. Taylor, M. D., Philadelphia, Pa.

Some Aspects on Medical Journalism,

by W. F. Waugh, M.D., Chicago, Ill.

The Neglect of American Mineral Springs and Climatic Resorts by Our
Medical Press,

by G. T. Palmer, M. D., Springfield, Ill.

A Few Feeble Remarks, by W. A. Young, M. D., Toronto, Ont.

The American Medical Editors' Association, Past, Present and Future,

by Joseph MacDonald, Jr., M. D., New York City.

On account of the largely increased membership of this association, it is anticipated that the coming meeting will exceed any prior meeting in point of attendance.

The annual editors' banquet, which is always the social event of the week, will be held at the Marlborough-Blenheim Hotel on Monday evening, June 3.

Report of the Annual Meeting of the Alumni Association of the Eclectic Medical College of the City of New York.

The Eclectic Medical College of the City of New York showed unwonted bustle and excitement on Wednesday, May 8, 1907, as the members of the Alumni Association were to come to the gathering of the clans.

When Dr. C. N. Gallup, of Long Hill, Conn., called the meeting to order at noontime there was a fair attendance.

A subdued feeling of silence was prevalent as we realized the absence of our dear, sunny member, Dr. Albert Fox, who has never missed a meeting of the association. He was one of our youngest members, though more than eighty years had passed over his head. But his cheerful optimism was always a feature of our meetings, and, as was said of Lord Chatham, we always felt "there was something finer in the man than anything which he said." We missed other faces, too. Dr. Wyatt-Hannath, Dr. Birkenhauer and Dr. Robert Liston have all passed over to the great majority. The president, Dr. Gallup, delivered his annual address, one bristling with practical suggestions and good advice and making feeling reference to the losses by death sustained by the association in the past year.

Dr. Baillie Brown spoke next, emphasizing the importance of a close observation of the action of drugs at the bedside. Dr. F. W. Abbott followed with a short, stirring address. Dr. H. Harris outlined his ideal of a faithful member of an alumni association in his excellent speech.

The committee on necrology reported through Dr. G. W. Thompson, who spoke feelingly of our great loss sustained this year in the deaths reported and gave interesting reminiscences of these members.

A most appetizing and delightful luncheon was served by the ladies, to which many guests did ample justice. Before the speech making an unusual feature was introduced. A beautifully gold-decorated fountain pen was presented to a much-surprised secretary from the association. Dr. Henrietta Tienken very happily made the presentation.

Dr. Boskowitz, the dean, had much to say of the action of the State Assembly and Senate in substituting the one-board bill for the present three-board bill, with its probably unsatisfactory results.

Speeches followed by Dr. Pitts Edwin Howes, of Massachusetts; Dr. Gunning, Dr. Thompson, Dr. Kunitzer, Dr. Krausi, Dr. Perrins and Dr. Allen, of Massachusetts; Dr. Hampson and Dr. Low.

One student, Dr. Pincus Mallowitz, of the graduating class, received the prize of an electrical battery from Dr. Waite, of the chair of electro-therapeutics, and a case of instruments from Dr. Pearlstien, of the chair of gynecology, for excellence in examination papers.

After the election of the following members for the ensuing year, Dr. Baillie Brown, president; Dr. W. L. Heeve, first vice-

president; Dr. W. Skou, second vice-president; Dr. M. B. Carr, third vice-president; Dr. H. C. Hinds, secretary; Dr. Sillo, treasurer, the new president was welcomed by Dr. Gallup. Dr. Brown responded very happily.

On motion of Dr. Boskowitz the thanks of the association were given to the retiring president for the efficient manner in which he had conducted the exercises. With this vote another meeting of the Alumni Association passed into history.

HARRIET C. HINDS, M. D., Secretary.

The American Eclectic Materia Medica Association.

This society, formerly known as the American Eclectic Materia Medica Club, has elected the following officers, viz.: President, Perry Franklin Bullington, M. D., Chico, Cal.; vice-president, George Washington Holmes, M. D., Sharpes, Fla.; secretary and treasurer, Arthur Weir Smith, M. D., Chicago, Ill.

The object of this society is the development of the indigenous remedies, and Eclectic physicians are invited to aid in the work.

Chicago, Ill., May 11, 1907.

A. W. SMITH, Secretary.

New York Specific Medication Club.

The regular meeting of the New York Specific Medication Club was held in the college parlors April 11, 1907. A large attendance answered to the roll-call. Upon motion, the minutes of the previous meeting were approved as read. Dr. F. W. Abbot's greetings were read and ordered placed on file.

Dr. M. B. MacDermott read a paper entitled "Iris Versicolor," in which he described in detail the pharmacy, botany and therapy of the remedy.

The essay was discussed by Dr. Hyde, who endorsed the statements of the author, more particularly as regards the effects upon the sexual system. He thinks the entire glandular system, as well as the skin, are profoundly affected by the drug.

Dr. G. W. Schaefer combats the nausea and tormina induced by iris by adding hyoscyamus.

Dr. Hyde reported the results in his own case of ten-drop doses of iris at night in persistent reflex cough following pleurisy. The action was all that could be desired.

Dr. Sillo has been disappointed with the remedy in bilious headaches. Dr. Chas. Lloyd quoted Prof. J. U. Lloyd in saying that all the virtue of iris lies in the oleoresin. He does not agree with this statement, having observed good effect from watery extracts. Dr. Lloyd finds iris useful in goitre, using it both internally and externally. He uses large doses. Itching and pustular eczema usually are relieved by the administration of the drug, and enlarged prostate, when of not too long standing, yields to iris.

Dr. Heeve has had satisfactory results with the drug in post-nasal catarrh with gastric symptoms.

Dr. G. W. Thompson believes that iris enhances the action of all other alteratives. In syphilis results are positive.

Dr. Boskowitz believes iris to be a most powerful alterative. It has a positive action as a hepatic stimulant. It is one of our best eliminants. It will relieve bilious headaches, not immediately, but by eradicating the underlying cause. The tongue indications for the use of iris are as follows: Thick dirty coat covering the entire organ—not the coat of podophyllum, which is visible mainly at base, nor the whitish coat indicating sodium sulphite. Fermentation is relieved by iris. The doctor has often been disappointed by iris in goitre. He believes it unsafe to use in bleeding piles. He referred to a most excellent paper on iris written by Dr. S. Jagers and printed in the Transactions of the State Society of 1900.

Dr. Pearlstien combines iris with echinacea.

Dr. MacDermott, in closing the discussion, took issue with Dr. Sillo, claiming marked benefits in bilious headaches. He reported good results in a case of exophthalmic goitre.

A unanimous vote of thanks was extended to Dr. MacDermott for his essay.

Dr. Boskowitz reported a case of abscess about one inch outside the external canthus, following rice throwing at a wedding. The conjunctiva was not even irritated. Upon evacuation several kernels of rice were found.

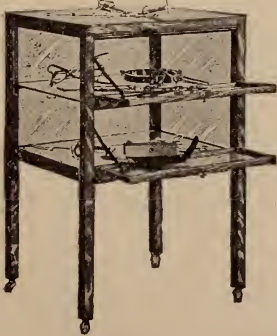
The society then adjourned.

H. HARRIS, Secretary.

Selections

New Instrument Stand.

One of the neatest and most convenient things in the way of new appliances that has come to our attention is the new glass instrument stand just gotten out by W. D. Allison Company of Indianapolis, and shown by the accompanying illustration.



This stand is something entirely new and would be invaluable to any office. It combines the features of a dressing table, with those of an instrument cabinet, and being mounted on castors can easily be moved about to suit the convenience of the operator.

The frame is made of quartered oak or imitation mahogany, beautifully finished; the sides and drop doors are double strength or beveled plate glass, and the top, bottom and shelf, plate glass. It is made in two sizes, 18 x 22 inches and 20 x 26 inches, 34 inches high.

Items

Osteopaths Gain Rights in State.

After a fight of five years the Osteopaths have won state recognition, and three hundred of them, who have college certificates, may heal the ill without fear of arrest for practising medicine without a license.

Governor Hughes has signed the single medical board bill, which contains concessions agreed to by the Osteopaths. The new law establishes a state standard for the practice of medicine and does not recognize any of the old schools.

There have been heretofore three examining boards of seven members each, one examining Allopaths, another Homeopaths, and the third candidates of the Eclectic school. The state department of education took the position that medicine as a science was too broad to give state recognition to any particular school. The new law met the approval of the educational department, the Allopaths and the Osteopaths, but was opposed by the Homeopaths and Eclectics.

Examinations will now be conducted by a board of nine, to be selected by the Regents without regard to schools, and any one who meets the requirements may practice in the state any branch of medicine.

On May 4 a most enjoyable euchre and whist was held at the residence of Mrs. George W. Boskowitz, for the benefit of the Manhattan Visiting and Instructive Nurses' Association. The prizes were beautiful and numerous and everyone left feeling anxious to know when there would be another.

May 8 was a successful day. The attendance at the Alumni was the best we have had for many years.

Died.—At his home in New Jersey, Dr. Geo. W. Tompkins, on Wednesday, May 1.

We regret to learn of the death of Theodore D. Buhl, who had been president of the Parke, Davis Co. for ten years.

Charles R. Bard, the representative of the Gomenol Co., has removed to No. 4 Stone Street.

Dr. L. S. Downes, secretary of the Texas Eclectic Medical Examining Board, announces its last meeting July 1, 2 and 3, at the Commercial Club rooms, Dallas, Texas. All should take advantage of this important meeting.

Have you arranged for your trip to the National meeting? Send to Pitts Edwin Howes for Itinerary.

Prof. Sibley's address at the Commencement on May 8 will appear in full in the June Review.

Everyone was delighted at the presentation of the beautiful pen to "Grand" Secretary Hinds at the Alumni meeting.

The addresses of the president and Drs. Brown, Abbott and Harris at the Alumni meeting were most interesting.

Massachusetts was represented at the meeting by Doctors Perrins, Howes, Allen and Abbott.

The Kings County Dispensary Association have just formed a realty company and expect soon to have a hospital building.

The West Virginia Eclectic Medical Association has arranged for a fine meeting at Wheeling, West Virginia, May 14 and 15.

The Bennett College of Eclectic Medicine and Surgery held its commencement exercises on Tuesday afternoon, May 7.

Aletris Cordial Rio represents one of our most reliable indigenous agents for uterine ailments. Reports of its efficiency in numerous cases of amenorrhea, dysmenorrhea and menorrhea affirm its value in the treatment of these cases.

Fine location for sale, assured income. Address C. L. Wakeman, M. D., East Branch, Delaware County, N. Y.

Dr. Nannie M. Sloane is to be congratulated on the fine appearance of the Proceedings of the Penn State Eclectic Medical Association.

Dr. M. Fallick is now located at 217 East 100th Street, New York, and doing a fine business.

Many of the graduates of last year's class were present at the Alumni meeting. All looked prosperous.

Book Reviews have been crowded from this issue for want of space.

Pincus Mallowitz, M.D., was the happy recipient of both the battery and Dr. Pearlstien's prize.

Oklahoma Eclectic Medical Association meets at Chamber of Commerce Hall, Oklahoma City, Okla., May 16 and 17, 1907.

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FOR HEADACHES, NEURALGIAS, ALSO

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19 East 11th Avenue, Denver, Colo.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. X.

NEW YORK, JUNE 15, 1907.

No. 6.

State Medical Examiners Named.

While no surprise was manifested by members of the County Medical Society yesterday when they were informed of the personnel of the new State Board of Medical Examiners, each of the physicians declared that the law, to all intents and purposes, had been defeated. The society's idea in presenting the bill was to prevent men who had not had an education in medicine in accord with the idea of the established Homeopathic, Eclectic and Allopathic schools from practicing medicine in New York State.

The appointment of Dr. Ralph H. Williams, of Rochester, who is a recognized osteopath, was taken as showing that Gov. Hughes desires to have others than those who practice medicine according to the doctrine of the established schools licensed as doctors.

The members of the new board are Dr. E. W. Potter, who is president of the old board of examiners, and Dr. Lee H. Smith, both from Buffalo; Dr. W. S. Searle, of Brooklyn; Dr. W. S. Ely, of Rochester; Dr. Eugene Beach, of Gloversville; Dr. Floyd M. Crandall, of New York; Dr. Frank W. Adriance, of Elmira; Dr. Floyd S. Farnsworth, of Plattsburg, and Dr. Ralph H. Williams, of Rochester.—N. Y. Times.

The above clipping shows the complexion of the new board appointed at the recent meeting of the Board of Regents. It also shows the feeling of prominent members of the County Society instrumental in the framing of the original bill. It is hard to tell who is satisfied or who will be benefited. The Eclectic on the board, Dr. Lee H. Smith, of Buffalo, was for many years the chairman of the Eclectic board, and we can feel sure that he will see that our students are treated with fairness and justice, and we ask no more.

The New Medical Law.

The leading reason given for a change in the medical laws of this State throughout the long campaign which has finally resulted in the passage of a one-board law, was that the changes advocated

by the medical politicians would give to the State a higher and a more uniform standard of medical education. It is evident, however, that the effect of the new law, instead of favoring an elevation of the standard of medical education, will be to exert an influence which will make for a much lower average, for it legalizes the practice of a large class of "healers" who have very little, if any, medical training.

In justification of the section of the new law which gives to the Osteopaths equal rights and privileges with the educated physicians, it is claimed that they do not employ medicines in their treatment, its advocates evidently forgetting that errors of omission are often more dangerous than those of commission. This fact was recently well illustrated by a case which was being treated by a couple of osteopaths. An eruption was a prominent feature of the case, but the osteopaths said that it was solely due to a luxation which they could readily overcome in a short time; however, not only the patient, but the "doctors" as well developed typical cases of smallpox.

As every physician knows, cases of ill-health are numerous in which medicine can do but little, if any good, and in which it is possible that the treatment advocated by the osteopaths might be useful if not curative. But as these cases can be recognized and differentiated only by the experienced diagnostician, it is reasonable to suppose that many of them would be confounded by the uneducated practitioner with cases which are curable only when placed under the treatment of the skilled physician or surgeon in their earliest stages.

In view of this fact it ought to go without saying, that those who practice osteopathy, or any other manner of treating the wrongs of life, should be compelled to furnish proof of the same amount of professional study in some recognized institution that is required of one who desires to conduct the usual practice of medicine. Although the osteopaths profess to use neither drugs nor instruments, it is obvious that they and all such healers require the training of the regularly educated physician and surgeon to prevent them from doing mischief.

The complex human body should not be tampered with by those who are not acquainted with the details of its construction. There always have been, and probably always will be, different opinions in regard to the various methods of healing the sick, but it should be generally conceded that those who undertake to practice the art in any form should be compelled to furnish proof that they thoroughly understand the conditions with which they propose to deal. In other words, they should be denied the privilege of practising the art unless their training has been the same as that demanded of medical practitioners generally. This demand is an absolutely necessary one. The possibilities of lasting injury, or even death, are so great where

this provision is disregarded, that no letting down of the bars in this direction should have been countenanced by the legislature of this state. If knowledge resulting from a thorough medical education, with many years of experience behind it, many times makes mistakes in diagnosis, the opportunities of ignorance are surely too great to be contemplated without feeling that the advocates of the new law have made a grave mistake.

J. W. F.

Original Articles

Commencement Address.

BY JOHN T. SIBLEY, A.M., M.D.

Mr. President and Gentlemen of the Graduating Class:

I appreciate very much the honor that has been conferred on me, in being selected by the college authorities to deliver the commencement address. It has been the custom heretofore to award such honor to some illustrious and cultured outsider; and just why the custom should have been violated in the present instance is something of a mystery to me; and no doubt as I proceed the mystery will grow in your minds and when I shall have concluded, it will I feel quite sure, have grown to monstrous proportions. However, no task was ever undertaken more willingly, no honor ever accepted with more appreciation. The four years that we have worked together have been fraught with many pleasant hours; and if the knowledge you have derived from our instruction is at all commensurate with the pleasure it gave us to impart it, then you are learned indeed. The utmost harmony has always prevailed, and a feeling of good will has characterized all our associations. There has never been the slightest ripple of discord, and I take the opportunity now afforded me to express to each of you my appreciation of the courtesy and respect that you have always shown me and the other members of the faculty. While the class is smaller than usual it is of excellent quality, and if your success in the future is to be judged by the manner in which you have acquitted yourselves in your college course, and in your final examinations for graduation, it will be full and pronounced. And yet I am not altogether pleased with the class. It seems to me that there is something lacking. It is the presence of some cultured lady in your midst. This does not often happen, and I trust it will never happen again. Of course it is not your fault, nor is it mine; for I feel quite sure that if the matter had been left to us we would have smuggled in at least one of those prepossessing and fascinating young ladies whose names now honor the roll of the other classes. I am particular to call attention to this matter for fear that some of our friends who are here in such numbers might infer that ladies are

no longer admitted to our college. We are proud of the fact that we do admit them to our college and we are still prouder of the fact that the women graduates are just as successful in their examinations for license, just as successful in culling laurels and gathering shekels as our graduates of the other sex.

Just thirty-three years ago, I occupied the position you do tonight; and no doubt the same thoughts that went through my mind then, are passing through your minds now. Chief among such thoughts is no doubt the selection of a location. In advising you upon this point I would say go into some thriving town of about 20,000 inhabitants where there are many physicians of the old school and no Eclectics. No community is ever properly supplied with doctors where there are no physicians of the new school; and starting in where there are hosts of physicians of other schools is just the same as beginning in virgin territory. You will occupy the same position as the merchant who keeps an article that the people want, and which cannot be had at any other place. Having selected your location, make up your minds to show your colors and stand by them with all the energy and enthusiasm you can command. You will be tempted perhaps, others have been; you will be offered inducements to renounce the teachings of your Alma Mater; but remember that you will be stronger with the people, you will be more respected, you will be more successful in every way if you stand out against such temptations and show in your every act that you know that you are in possession of knowledge that makes you a better physician than those who have not enjoyed the same advantages. Scientific medication is specific medication, and in order to practice with success you must be good diagnosticians. Unless you do as some lazy fellows I know have done: abandon the general practice, and make a specialty of suggestive therapeutics. Diagnosis is three-fourths of the practice of medicine. Any kind of an old doctor with almost any kind of an education can treat disease fairly well if he knows what is the trouble. But there lies the rub. No two cases, even of the same disease, ever present the same condition or require exactly the same treatment; hence the folly of treating disease by name. It is best to ignore names and treat the various conditions as they present themselves. Remember that medicine that would cure one patient would kill another. Bear in mind the case of the old Scotchman who was lying very ill in a London hospital. In spite of every attention he daily grew worse. The physician gave him quinine, and he still went down. He gave him calomel, but still no improvement. He gave him paregoric, and he grew still worse. Having exhausted his resources, he was sorely perplexed, not knowing what to do next. He told the patient that he really did not know what to do for him, when the old fellow said: "Doctor, I know what will cure me. If I could only hear a few old Scotch tunes on the bagpipe, I know

I would get well." "All right," said the doctor, "I am a Scotchman, myself, and I can play the bagpipe, and when I call to-morrow, I will have my bagpipe and will play for you." On the following day, the doctor, true to his promise appeared in the ward where the old man was confined with his wheezing, sneezing bagpipe, and after a few preliminaries, he walked up and down the ward playing with all the skill and enthusiasm of a genuine Highlander. After having played half a dozen popular Scotch airs, he stopped. The old man thanked him heartily and the doctor took his leave. The next day he called at the hospital, and meeting one of the attendants in the hall said to him: "How is the old man for whom I played the bagpipe yesterday?" "Well, doctor," said the attendant, "the effect of that music was simply miraculous, the old man is well, and has gone home." The doctor was much elated, of course, and said to the attendant: "How did the music affect the other patients in the ward?" "Well, doctor," said he, "most of them are dead." I don't suppose any of you can play the bagpipe; however, I may be mistaken in that conclusion; but if you can, remember that while music is now universally conceded to be a therapeutic agent of unquestionable value, bagpipe music will not do in all cases.

Let me illustrate the beauties and power of specific medication by citing a case that came under my observation some years ago. It was about thirty years ago when the jetties at the mouth of the Mississippi River were being constructed. The yellow fever broke out in a colony of St. Louis people who were employed there in various capacities. Eight of the number, who seemed perfectly well, became alarmed and started for their homes. Two were stricken when the party reached New Orleans. They went under the treatment and care of physicians and nurses who were regarded as experts of long experience in handling this dreadful plague. Both failed rapidly and soon died. The remaining six reached St. Louis, but soon were prostrated, every symptom of yellow fever being present. Two of this number happened to be members of a family in which an Eclectic physician practiced. He was sent for, and after examining the patients carefully he candidly admitted that he had never seen a case of yellow fever before; but at the same time expressed the opinion that he could cure them. He ignored the name of the disease and the instructions of the text books, and treated the conditions as they presented themselves. Both cases improved from the beginning, and made a rapid and complete recovery. In the meantime three of the remaining four had died under the very best old school treatment to be had. The one case remaining was very low when friends heard of the success of the Eclectic physician, and sent for him. The case was apparently in the last stages. Black vomit had set in and the physical organs were mostly defunctioned. My Eclectic friend—for he was my friend—after a careful examination expressed the opin-

ion that the patient would die, but set to work at once with his valuable Eclectic medicines, treating the indications as they presented themselves, and, to the surprise of everyone, the patient began to improve at once, and the recovery, though slow, was complete. So much for the serious side of the story. Now for the funny side. The medical journals of the city discussed the case fully, and in one appeared an editorial under the title of: "Nothing succeeds like success." The editor of this journal must have been at some time the funny man on a comic weekly. He related the facts about as I have given them to you; then severely condemned the Eclectic treatment, saying that it was very unscientific and not at all indicated. He said that in all such cases the treatment should be as follows: and then went on to give the identical treatment that had killed all five who got it. Now, my young friends, what Dr. Geo. C. Pitzer did then you can do now. You are equipped just as he was; you are in possession of the same weapons with which he so successfully fought disease; and as long as you keep these weapons free from the taint and tarnish of charlatanism and quackery, just as long as their silvery sheen is not bedimmed by the clouds and shadows of hypocrisy and selfishness, just so long is your success assured.

We of to-day enjoy advantages not possessed by the Eclectic physicians of the early days of liberal medicine. When that band of medical pioneers, headed by Dr. Beach, met in this city in 1823 to establish a medical college on a liberal basis, it was the signal for a battle that waged bitterly for many years. At the beginning our friends of the old school sought to laugh us out of existence. They offered no arguments against the new system, but imagined that the darts and javelins of ridicule and sarcasm would soon puncture our pretensions and bury the system beyond the possibility of resurrection. But just in proportion as the Eclectic physicians were ridiculed, just in that proportion did the system grow, and the people refusing to take sneers and gibes for argument, began to compare the new and the old, and soon evinced a preference for the former. Many had been painfully blistered and were eager for a less barbarous system. Many had been salivated till their teeth were gone, and others had felt the distress of other forms of mercurial poisoning. Many had been bled till the vital forces were seriously depressed, and the physical functions badly deranged. These were strong arguments against the old system; and when the advocates of that system advanced nothing more serious against the new than ridicule and sneers, the people began to compare more closely the two. Whenever this has been done, we have always won, and Eclecticism grew in popularity. When they discovered that we could not be exterminated by ridicule, they sought to kill us with abuse. Nothing was too mean to say about the Eclectic physicians; but they continued to satisfy their patients and to get

the bulk of the business. When they found that the new system thrived on ridicule and persecution, and that the malicious misrepresentation of its enemies could not hurt it, they sought to legislate it out of existence. In the law-making bodies of many States, bills have been introduced from time to time to control the privileges of the Eclectic physician. The law governing the practice of medicine in this State for the past fourteen years has been very fair to each school individually; but is the most exacting of any to be found in this country. No State has so high a standard as the State of New York. This law was designed primarily to handicap our college. For in spite of the fact that our graduates when put to the test have never been found wanting, yet our old school friends could not understand how there could be any high degree of intelligence among Eclectic graduates, and this high standard law was made with the idea that our college was doomed. This very law has been the cause of frequent comparisons between the different schools, and this is just what some people do not want. Its operation has demonstrated the superiority of our teaching and the recent efforts to change the law were not prompted by honest and sincere motives. If you will examine the records which are readily accessible, you will find that in their examinations for licenses, the graduates of our school stand first. No other college in the State has made as good a record as ours. No graduate of our college has ever failed to get his license; and I have no fear that such a record will be marred by any of this class.

We could not be killed by ridicule; we could not be exterminated by persecution, and our cause has been advanced by legislation designed to annihilate us. But our old school friends have not given up the fight, and are now trying to smother us to death with kisses and caresses. Oh, they are ever so kind! I consider this latest scheme the most dangerous of the lot, for it is so insidious. You will be asked to join their societies; you will be asked to consult with them. You will be feasted on the bonbons of civility, and deluged with the nectar of goodfellowship. Mr. Spider will make every effort to get little Miss Fly into his beautiful parlor. The overtures of the old school are not made in good faith, but simply for the purpose of destroying our identity. Meet civility with civility; meet good fellowship with good fellowship, but keep your weather eye open; and remember that the different systems of medicine rest on different bases, and they can no more be amalgamated than the phosphorescent flickering of a fluttering firefly can be substituted for the majesty and splendor of the sun.

Just here I want to give a little warning in another direction. There are some people in this world who are completely destitute of all sense of decency and honor. Who will tell you a lie as quickly as they will tell you the truth if it serves their purpose as well. Who will pose as your friends as long as they can use you; and no

matter what you may have done for them, will turn against you if they can serve some selfish purpose by doing so. They will accept favors from you for years, and forget it all the moment they find that you will not turn the grindstone when they want to grind their axes. They will humor you with flattery, will like miserable sycophants humble themselves before you, and then strive to bring disaster and ruin upon you, if such disaster and ruin serve as stepping-stones to something they are reaching for. True friends are rare, and when you find one, stick to him. You may find him among the wealthy and influential, or you may find him among the humble and lowly; but wherever you do find him, treasure him as the brightest of jewels. The average individual is selfish, and I believe is growing more so under a distorted civilization; and while it is not justice to a great part of mankind to be unduly suspicious, at the same time don't always take things for just what they appear to be. I have said that the average individual is selfish. This is due much to our higher civilization which demands a greater effort for subsistence. The race of life is becoming a sprint in which only the fleetest can win. The rush is so strong that we are trampling on each other's heels, and he who stops to tie his shoestrings will surely be knocked down and put out of the race.

No one set of men, not excepting the ministers of the gospel, can do so much to bring out the better side of human nature as physicians; and your duty does not end when you have cared for the sick by administering to their physical and mental abnormalities. Society has a claim on you that you cannot evade. Society is one of the great cornerstones of the government, and you are not a good citizen unless you do your share to sustain it. You cannot be a hermit and be useful. Be a factor in society. You owe it to yourself, you owe it to the community.

Just a few words on a matter that you may think of little consequence. It is the subject of manner and address. These are most important qualities of heart and mind, and often deciding factors in worldly success. Young men starting in life, in a spirit of self-reliance and self-assertion often hold too lightly these delicate attentions and gracious manners that we call courtesy; but they are of the utmost importance. Many literary men have been reckoned great when they have simply given to their works a delicate charm of style, and no really deep thought. Every profession furnishes examples of what a gentle bearing will do, in spite of obstacles; and success or failure often hinges on the simple matter of manner and address. In the abstract we admire substance rather than form, but as a matter of fact many times the caprice of fortune that fills the coffers with gold and the heart with gladness is due more to a gracious manner than to anything else. Some people can look beyond the husk or shell of a fellow being; they can discern the diamond in the rough, and see the better qualities within; but a large

majority take a man for just what he seems to be, and judge him by his appearance and demeanor. Emerson says: "Give a boy address and accomplishments, and you give him the mastery of palaces and fortunes wherever he goes." First impressions are the most lasting, and civility is the very best letter of introduction. Rude people, no matter how well meaning, are not often welcome. Offensive manners may hide the best of virtues. The manner in which a thing is done, is a better index to the character than the act itself. Always have a high regard for the feelings of others, even in trivial matters:

"Never blend our pleasure or our pride, with sorrow to the meanest thing that feels." Smiles, pleasant looks and good spirits make an open sesame to the best society everywhere. The shrewdest man may be easily outdistanced in the race of life if handicapped with rude manners, by one of mediocre ability if possessed of a courteous demeanor. The most successful politician is not he who knows most, but he who acts best. Many of the great orators of the world have only been men of exquisite manners; and many speeches that have captivated and convinced, when stripped of their ornaments and coolly considered were found to be flimsy, illogical and commonplace. What beauty is to a woman civility is to a man. It is genuine ornament, the most beautiful dress that man or woman can wear, and as a factor of success in life, is more potent than the finest clothes and brightest jewels ever worn.

Be self-reliant and never underestimate your ability. You are well equipped for your work, and while it is neither good taste nor good policy to be boastful and arrogant, yet if you do not thoroughly respect yourself and your profession, you need not expect others to do so. Set a high value on yourself at the start; be not too fastidious or over-sensitive, but never be unscrupulous. Exhibit confidence in yourself in whatever you undertake. Self-confidence, some one has said, makes ability available. Do not estimate your success by the amount of money you have in bank. I know that the word success usually means the gathering of worldly goods; but true success means something more than this, and cannot be estimated in dollars; and the common idea that it can, is both absurd and degrading. Yet I would say set a value upon your services, and present your bills regularly to all who are able to pay; but never let it be said of you, that you ever refused your services to any afflicted human being because he was unable to pay.

The medical profession has in all ages been very conservative and very intolerant. There has never been any great improvement made in medical science that did not meet with violent opposition from some source. When Harvey announced his theory of the circulation of the blood, he was deprived of the right to practice his profession, and was compelled to leave his native land in order to escape persecution. When Mondini first dissected a human body

in the interest of science, and published a small treatise on anatomy, he became the object of all kinds of abuse, and there went up such a protest, that it was two hundred years before another human body was dissected, and not then at the instigation of the medical profession, but by order of the church. When Ambrose Pare introduced the ligature, and tied the artery instead of applying boiling tar to suppress the hemorrhage, he was denounced with reckless violence, for daring to suspend a human life on a thread. When Dr. Thompson announced in a modest manner his discoveries concerning the therapeutic value of some American plants, he was not only denounced and persecuted but actually thrown into prison. When Anton Messmer was curing patients by the hundred through psychic influences, that had failed to get relief through the usual methods of the times, he was ostracized and abused beyond measure. When Ondet, the French dentist, extracted teeth painlessly while the patients were in a subjective state, and prepared a valuable paper giving an account of his investigations, and asked permission to read it at a meeting of the Academy of Medicine, he was grossly insulted and told that the society had no time to waste on such nonsense. When the anaesthetic properties of chloroform were discovered, and the terror of surgical operations seemed a thing of the past, its use was heartily condemned, and some went so far as to attempt to have its manufacture stopped by legislation. Who were the men who were so harshly treated for advancing new ideas? They were the foremost men in the profession; graduates of the best medical colleges in the world, and practitioners of excellent reputation. The greatest friend of truth is time.

Have you ever compared the status of medical science just before the advent of Eclecticism with its position five hundred years before? There was practically no difference, but since that little meeting of Dr. Beach and his band of heroes there has been more progress made in medical science than had been made in a thousand years before. It would be folly for us to claim that Eclectic physicians have made all the progress, for many earnest, conscientious men in all schools of medicine have labored diligently to advance the science that humanity might be benefited; but we do claim the present magnificent position of medicine is directly due to the efforts of the early Eclectics, who pointed out the faults of the old methods, and laid the foundation for the progress that has been made. If the medical profession was willing to continue the methods of hundreds of years before, without some such stimulus as Eclecticism, they might have been content to let things go on as they were for a few centuries more. It is a remarkable fact that while the science of medicine made little or no improvement for centuries, the other sciences were bounding forward with giant strides. When geology had penetrated the crust of the earth and told of its wonderful construction, and had read from the myriads of fossils the progress of life on the earth, the science of medicine

stood still. When zoology and botany had taken their places as important branches of human knowledge and chemistry had analyzed and explained the various products of the animal, vegetable and mineral kingdoms, the science of medicine was just where it had been for centuries. When astronomy had reached out far beyond the limits of the solar system among the millions of suns and scintillating spheres that wheel unshaken through the immensity of space, and mechanical science had enabled man to speed his thoughts with the rapidity of lightning from one end of the earth to the other, and transport him in safety and comfort with the velocity of the wind, every effort to improve the healing art met with bitter opposition. But what a change within the last few generations. While medical science must ever remain more or less empirical; while it must be admitted that the vast fund of valuable information possessed by the modern physician has been acquired almost entirely through experience and observation, rather than through the operation of any clear cut law, yet it must be conceded that recent efforts of learned and faithful men in the medical profession have done much to advance it nearer and nearer to the plane of true science. Let me urge upon you to cultivate the habit of perseverance. When you have weighed a question carefully, and decided that a certain course is best, let nothing swerve you from your purpose. Press on till your aim is accomplished.

“Press on, there’s no such word as fail;
 Press nobly on, the goal is near,
 Ascend the mountain, breast the gale;
 Look upward, onward, never fear.
 Why should’st thou faint, Heaven lies above,
 Though storms and vapors intervene.
 That sun shines on, whose name is truth,
 Serenely o’er life’s shadowed scenes.

Press on, surmount the rugged steep;
 Climb boldly o’er the torrent’s arch;
 He fails alone who feebly creeps;
 He wins who dares the hero’s march.
 Be thou a hero; let thy might
 Tramp on eternal snows its way;
 And through the ebon walls of night
 Hew down a passage unto day.

Press on; if fortune play thee false
 To-day, to-morrow she’ll be true.
 Whom now she seeks, she now exalts;
 Taking the old and giving the new.
 The wisdom of the present hour
 Makes up for follies past and gone.
 To weakness strength succeeds, and power
 From frailty springs, Press on, Press on.

Press on; if once or twice thy feet
 Shall slip and stumble, harder try.
 From him who never dreads to meet
 Danger and death, they're sure to fly.
 Oft in the forest's deepest glooms
 A bird sings from some blighted tree;
 And in the drearest desert blooms
 A never fading rose for thee.

The greatest blessings for thy toil."
 Press on; and thou shalt surely reap
 Thy mind from sloth, thy heart from soil;
 To thine own self be true, and keep
 Come wealth, and honor and renown.
 Faint not; for to the steadfast soul
 And win the prize; and gain renown.
 Therefore press on; and reach the goal;

Treatment of Hematuria.

BY ELI G. JONES, M.D.

When the bleeding from the urinary organs is caused by mechanical injury, I use tr. millifolium, ten drops in a tablespoonful of water, once an hour. When the bleeding comes from the kidneys, tr. thrappi bursa (shepherd's purse) is the remedy indicated, ten drops once in two hours. When the hemorrhage is from the bladder or urethra, I give terebinthina, third decimal dilution, ten drops once in two hours. In case of cancer of the bladder that I saw in connection with hemorrhage from the bladder and spasmodic contraction of the bladder, the above remedy did more good than all the remedies that had been tried by several physicians. It is good practice in such cases to apply a liniment to the small of the back, and the following gives good results:—

Oil capsicum	gtts. v.
Oil organum	3 iii
Alcohol	3viii

Bathe the back three times a day; this remedy affords much relief when there is pain and soreness in the kidneys. I saw a case in Maryland of hemorrhage from the bladder that had occurred as a complication in catarrh of the bladder; for that case I gave tr. chimaphila umbellata (pipsissewa), ten drops once in three hours; the remedy helped me to cure my patient. Do not forget the tr. apis mel. in bladder trouble when there is suppression, and retention of urine, constant desire with inability to pass the urine, with a burning, stinging pain with what little is passed; it is one of the remedies that can be depended upon. It should be remembered that certain substances will color the urine and make it

look red like blood; red beets, madder and rhubarb are sometimes used by impostors to simulate bleeding from the kidneys. In the early years of my practice I used gallic acid, ten grains once in two hours, in bleeding from the kidneys or bladder, but I have learned by experience that there are better remedies than the gallic acid. Any doctor who makes a business of treating chronic diseases must have remedies that he can rely upon, for he will often meet with cases where other doctors have exhausted their skill and he must be prepared for any emergency. There will be many times when your reputation and even the life of your patient will depend upon the action of your remedies. The most successful physician is the one who knows his *materia medica* the best.

New Brunswick, N. J.

Operation for Lacerations of the Perineum.

BY LEE H. SMITH, M.D.

Read before the New York State Eclectic Medical Society.

This affection is the result of violence during parturition or miscarriage, and may completely divide the sphincter vaginae, and, also, of the rectum. It is productive of much harm by reason of the lack of support to the pelvic contents, and should be corrected as early as possible. In persons not of nervous and worrisome dispositions the operation may be accomplished with the use of local anaesthesia, using the weak solution of cocaine and adrenalin, and making many small punctures with the hypodermic syringe, injecting a few drops in each puncture.

The method employed by me has been the flap operation, by which a semilunar flap, starting on each side of the orifice of the vagina midway up from the rectum, and extending downward, and separating the vaginal mucous membrane from that of the rectum by careful dissection. This completely uncovers the surface of the sphincters and connective tissue fascia on each side. If the rectum has been torn, its surfaces are brought together by means of the mattress suture of catgut, leaving the mucous membrane external. After the separation of the flap has been made to sufficient depth to secure proper support to the base of the vagina, the silver sutures are inserted, the first at a level with the top of the rectum, being carried upward and backward, around or underneath the tissues just in front of the rectum. This is sufficient to bring the rectal sphincters, if torn, in apposition; but, in addition, a kangaroo tendon suture is inserted between the two ends of the sphincter muscles, so as to make sure of their perfect apposition and proper relations so that a healing can rapidly take place.

Generally, three sutures are required, two being absolutely necessary; one to close the opening above the rectum, the other

that below the vagina. These sutures are brought together, and the surfaces in neat apposition, after which catgut is used to completely close the opening. The kangaroo suture that brings the rectal sphincter together is brought out between the silver sutures to furnish drainage, after which the skin is brought into neat apposition by the interrupted catgut sutures, best chromicised, so as to last for several days.

The after-treatment consists in moving the bowels at the end of the third day, and the thorough douching of the vagina with boric acid solution (weak) after each urination, using plenty. A catheter is employed if any difficulty is experienced in voiding the urine. Sometimes this act can be accomplished comfortably by the patient lying upon the face upon the bedpan. But frequent and thorough washing with boric solutions, following the operation, every four or five hours, is a great comfort and benefit. The sutures are removed at the end of the tenth day, when healing is almost certain to have been accomplished.

Buffalo, N. Y.

Uva Ursi (*Arctostaphylos Uva Ursi.*)

BY C. L. NOACK, M.D.

Synonym—Bearberry.

Part employed—Leaves.

Natural order—Ericaceae.

Habitat—United States and Europe.

A small trailing, evergreen, perennial shrub, with long fibrous root, growing in sandy soil. It flowers from June till September. The berries ripen during the winter. The leaves are alternate, oblong-spatulate, about four-fifths of an inch long and about half an inch broad, coriaceous, dark green; odor is hag-like and the taste is bitter and astringent. The solvents of its medicinal constituents are alcohol and water.

The constituents are gallic acid, tannin, resin, sugar, arbutin, ericalin.

Preparations—Most important, fluid extract.

Physiological Action—A urinary sedative, diuretic and tonic. Arbutin is a white crystalline substance discovered about 1880 and is supposed to have a special affinity in its action for the renal pelvic epithelium. It is decomposed in the intestinal tract into hydroquinone and glucose, the hydroquinone acting as a urinary antiseptic. When the urine medicated by it is exposed to the air, it darkens from oxidation. The urine turns the plane of the polarized light to the left and strikes a blue color with ferric chlorid. Overdoses of uva ursi cause vomiting and diarrhea, preceded by nausea.

Therapy—Curative in ulcerations of the bladder wall, cystitis,

pyelitis, pyelonephrosis, gonorrhea. I found it of value in the latter condition, especially in sub-acute gonorrhea. It should then be given in fairly large doses. It is valuable in incontinence and dysuria, especially that due to calculi. It retards the decomposition of urine and seems to have an anaesthetic effect on the mucous membrane if given in large doses. It is said to be valuable in diabetes, but I have never used it in that direction. It is certainly beneficial when there is a tendency to the formation of calculi. It may be combined to advantage with the following synergists according to the indications: Urotropin, salol, eucalyptus and piper methysticum or kava kava.

The infusion and arbutin seem to be the most active preparations. It has been claimed to be effective in bronchitis, diarrhea, amenorrhea, leucorrhea and uterine hemorrhages.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The Second Row in My Medicine Case.

NO. VI.—POTASSII BICHROMAS—BICHROMATE OF POTASSIUM.

This salt is known by several designations, besides the above, including Potassii Dichromas and Dichromate of Potassium. It is prepared by a process in which chrome iron ore, lime, potassium carbonate and sulphuric acid are used. It occurs in large anhydrous transparent prisms of an orange-red color, is odorless and has a bitter metallic taste. It is soluble in ten parts of cold water, but insoluble in alcohol.

In very large doses the bichromate of potassium is an irritant and caustic, and its effects are immediately violent. In small doses, alternated with aconite and phytolacca, this agent is of great value in many cases of diphtheria and pseudo-membranous croup. In these cases it should also be employed as a gargle every two or three hours. One-half of a grain of the powder dissolved in four ounces of water will make a gargle of sufficient strength. If nausea should be produced by this prescription, more water should be added to it. Sore throat resulting from cold, and, in fact, nearly all ordinary sore throats, are promptly relieved by this gargle.

In doses of the one one-hundredth of a grain, well triturated with sugar of milk, the bichromate of potassium will relieve dry irritable bronchial coughs. It is also useful in hoarseness from cold, with the accompanying dry, hard and irritating cough. Harsh rasping cough in the upper air passages is influenced in a curative

direction by the continued use of this remedial agent, and in all conditions in which there is an exudation on the mucous membranes of the throat it constitutes a superior medicament.

Externally the bichromate of potassium in powder or solution (one to four drachms to three ounces of water) is employed as a caustic for condylomata, scrofulous and cancerous growth, and especially as an application to nasal polypi and other new growths.

The following are among the most approved specific indications for the exhibition of this salt: Exudation upon the mucous membrane of the throat, as in diphtheria and pseudo-membranous croup; fetor of the breath and excretions; tendency to bleeding of the mucous membranes; throbbing headache at angles of forehead. Locally, as a gargle; hoarseness, with thickening and irritation of the membrane of the throat; exudation upon the mucous membrane of the throat.

The dose of the bichromate of potassium is $\frac{1}{8}$ to $\frac{3}{4}$ of a grain (the latter is emetic), but it is usually prescribed as follows: R. Bichromate of potassium, gr. $\frac{1}{2}$; water, $\mathfrak{z}\text{iv}$. Teaspoonful every two hours.

The Viburnums.

Under the general caption of "Drug Studies," Dr. Pitts Edwin Howes, in the *Journal of Therapeutics and Dietetics*, gives somewhat fully the consensus of opinion in regard to the therapeutic uses of viburnum opulus and viburnum prunifolium. In part the doctor says:

An analysis of the viburnum prunifolium shows the presence of a brown resinous body of a very bitter taste, a greenish-yellow resin, a neutral principle also bitter, termed vibrinin, valerianic, oxalic, citric and malic acids, tannin and other unimportant vegetable constituents. It is said that the viburnum opulus possesses similar constituents.

The medicinal uses of these plants are so much interwoven that it requires much study and skill to adapt each to its special use.

"King's American Dispensatory" classes the viburnum prunifolium as a nervine, antispasmodic, tonic, astringent, diuretic, and alterative, while he regards the viburnum opulus as a powerful antispasmodic, although he says that both varieties are used by many physicians interchangeably. He recommends the first variety in the hyperesthetic irritable condition of the uterus, especially if there is a weakened condition of the body, in dysmenorrhea with deficient menses, in uterine colic, and in those cases where there are severe lumbar and bearing-down pains. Specific viburnum prunifolium has proved useful in uterine congestion and chronic uterine inflammation. Spasmodic dysmenorrhea, especially if there is an excessive flow, has been promptly relieved by this drug. Menor-

rhagia, when caused by malaria, has been readily checked, as also the hemorrhage attending the menopause. Perhaps one of the most valuable uses of the *viburnum prunifolium* is its value in checking threatened abortion. It is the most prompt drug in the materia medica if the membranes are not broken. In cases of habitual abortion, the continued use of this drug in small doses will entirely overcome this tendency. Postpartum hemorrhage can be controlled by it, although there are other remedies more effective. It is of much service in nervous disorders, such as chorea, hysteria, hystero-epilepsy, etc., where these are due to menstrual wrongs. Cases of sterility have been benefited by its use. False pains of pregnancy are readily controlled, and for after-pains it is to be classed with *macrotys* or *actea*. Ovarian irritation will be quickly allayed by its use, and in drop doses it is a valuable drug in obstinate singultus.

Viburnum opulus is very effective in relaxing cramps and spasms of all kinds. Without doubt the spasmodic condition is one of the true keynotes in differentiating between the use of the *opulus* and the *prunifolium* varieties.

Goss, in the second edition of his "Materia Medica and Pharmacology," says of *viburnum prunifolium*, "It is a most valuable remedy in all cases of excessive motor innervation to the ovaries and uterus. In cramps, spasms, colic, etc., it is indicated; and in that very irritable state of the uterus that gives rise to abortion, it is a precious boon." In dysmenorrhea he claims that it is the equal if not the superior of the *viburnum opulus*.

Of the *viburnum opulus*, he says, "It is an efficient remedy in cramps, asthma, hysteria, and convulsions of females during gestation and parturition."

Dr. E. M. Hale, in his "New Remedies," says, "The *viburnum prunifolium* possesses some of the properties of the *viburnum opulus*, but is probably not identical in its powers." He has used with much benefit the tincture of the former in threatened abortion, dysmenorrhea, and various spasmodic uterine pains.

The *viburnum opulus*, he says, has been in use for a long period as a domestic remedy in many of the painful affections of women. He recommends its use in spasmodic dysmenorrhea, where it is specifically indicated, and has marvellous powers. He thinks it useful in false pains preceding normal labor, in after-pains, in cramps in the abdomen and legs of pregnant women, and that it will prevent miscarriage if given before the membranes are ruptured, and the pains are spasmodic.

Ellingwood, in his last edition of "Materia Medica and Therapeutics," speaks of *viburnum prunifolium* as being useful in threatened miscarriage, habitual abortion, and as a *partus preparator*. He also advises its use to assist in normal involution and to retain the uterus in proper position where it has previously been mis-

placed and the malposition corrected. Also for controlling the morning sickness of pregnancy. In those sympathetic disturbances of the heart depending on vaso-motor derangement during the menstrual period it will prove useful. It must be given in advance and continued through the period.

Of the *viburnum opulus* the same author advises its use in irregular spasmodic pains of the uterus and ovaries, spasmodic contractions of the muscular structure of the bladder and spasmodic stricture. He says it can be given with benefit in hysterical conditions with convulsive phenomena and in spasmodic dysmenorrhea.

Fyfe, in his "Modern Materia Medica and Therapeutics," says, concerning *viburnum prunifolium*, that it "has long been employed as a remedy for habitual abortion, and with most satisfactory results. In order to get the most beneficial influence of the drug in these cases, small doses of the medicament should be given from soon after conception until the end of the fifth month of pregnancy."

Regarding *viburnum opulus* he says it is indicated in cramps and spasms of all kinds.

John M. Scudder, in his "Materia Medica," says that *viburnum prunifolium* "exerts a direct influence upon the uterus, quieting irritation and stopping contraction of its muscular fiber." Of the *viburnum opulus* he says, "It would be selected when spasmodic action or cramp of the muscles is a special feature."

Johnson, in his work "Medical Plants of North America," considers both varieties together and says they are antispasmodic, nervine, astringent, and tonic, and act specifically upon the uterus. *Viburnum prunifolium*, he says, is especially praised as a uterine sedative, and is considered by many efficient in threatened abortion and in dysmenorrhea. He then belittles its use, declaring that he has experimented with it to a considerable extent, but with unfavorable results. He claims it does not restrain hemorrhage or control threatened abortion. He says it often produces nausea and vomiting and thus produces the very effect that is to be avoided. Evidently he made use of *too large doses* and thus did not secure the *proper medicinal effect*. This is a frequent fault with those who cannot get the results from a remedy which other physicians have claimed.

Bolles, in the "Handbook of Medical Sciences," says it is in a mild way astringent and tonic, but is used principally to prevent abortions, and in uterine and other colics, etc., for which it appears to have some value. He mentions the *viburnum prunifolium* only.

Wm. C. Wood, in his "Materia Medica," recommends the *viburnum prunifolium* in singultus and in threatened abortion, but warns us against too large doses, else the uterine contractions appear to increase.

In the "American Year Book" from 1896, Schwarze claims that in non-inflammatory dysmenorrhea *viburnum prunifolium* "gives brilliant

results that are not to be obtained with any other remedy except morphia."

Shoemaker, in his last edition (1907) of "Materia Medica and Therapeutics," quotes from quite a number of physicians who have used the viburnum prunifolium in threatened abortion, habitual abortion, false pains and after-pains, spasmodic dysmenorrhea, menorrhagia and metrorrhagia, due to malaria, anemia, disease of the head and liver, uterine hemorrhages which attend the menopause and various vasomotor and nervous disorders so frequent at this period. He also claims that because of its astringent effect it will prove useful in diarrhea and dysentery.

The viburnum opulus, he says, "is given to prevent or relax cramps of all kinds resulting from hysteria, dysmenorrhea or pregnancy."

Wilcox, in his "Pharmacology and Therapeutics" (1907), speaks of them both together and says: "Viburnum is believed to be an anti-spasmodic, diuretic, and tonic. It is especially used in the nervous diseases of pregnancy and to prevent miscarriage. It has a considerable reputation as a remedy for spasmodic dysmenorrhea, in the treatment of after-pains, and in menorrhagia. This remedy has been in extensive use for more than twenty-five years and is undoubtedly of value."

The specific indications of viburnum prunifolium are: uterine irritability and hyperesthesia; threatened abortion, uterine colic; dysmenorrhea with deficient menses; severe lumbar and bearing-down pains; cramplike, expulsive menstrual pain; intermittent, painful contractions of the pelvic tissues; after-pains and false pains of pregnancy; obstinate hiccough. Doses: the infusion may be given in ℥ss doses several times a day; the tincture in ℥i doses four or five times a day; the powder in ℥ss to ℥i doses; specific viburnum, $1/10$ to 30 gts. every one to four hours, according to case under treatment.

The specific indications of viburnum opulus are: cramps, uterine pain, with spasmodic action; pain in thighs and back; bearing down, expulsive pains; neuralgic or spasmodic dysmenorrhea. As an anti-abortive, this remedy may be given in the same doses as the viburnum prunifolium.

The above resumé of these two important drugs has so completely covered the ground of their usefulness that there is little for us to add except to coincide with the general expression of their usefulness in indicated conditions. Their field of action is not large, but still covers much which is prolific in producing discomfort in the female sex. While much benefit can doubtless be derived from the use of the viburnum alone, I believe that, especially with the viburnum prunifolium, this good can be greatly enhanced by combining with it agents that act on the same class of organs and tissues, as for instance, helonias, mitchella repens, caulophyllum, macrotys, and others of this nature. The addition of one or more of these seems to intensify the action of each, and a smaller amount of either will produce the required effect, and more quickly and thoroughly than a much larger dose if used separately.

Calcium Sulphide.

In an article written by Dr. L. A. Merriam, of Omaha, Nebraska, and published in *Clinical Medicine*, an instructive study of calcium sulphide is presented. The paper is too long for reproduction in this department, but the following abstracts taken from it are worthy of thoughtful consideration:

"Take five, or fifty, young healthy children who have never had smallpox and have never been vaccinated. Give them this remedy, in from two- to five-grain doses daily, proportioned according to their size and vigor, and you may vaccinate both arms in several places and not one will develop a sore arm, or have the disease we call vaccinia; and they might all be thoroughly exposed to smallpox and rarely would one contract the disease, and if any did, the variola would be exceedingly mild. If a child in a family develops measles in any of its forms, I not only put the little patient on calcium sulphide but give it to every member of the family, with the result, often, that no other member contracts the measles, and if they do—which is a very rare occurrence—the attack is thereby rendered very mild.

"I was called about four years ago into a family of six children, and found two children, aged respectively eight and ten years, with scarlet fever. None of the children had previously had the disease. There were in the family two younger children, one aged six months and the other four years, with two others aged twelve and fifteen years. All the children were immediately put upon calcium sulphide in doses of from a half-grain a day for the youngest to six grains a day for the oldest. The two taken with the disease made a speedy recovery and were not at any time dangerously sick, while none of the other four contracted the disease, though thoroughly exposed to it. I have had several like experiences in other cases of scarlet fever. I have never had any experience with the use of calcium sulphide in mumps, but I see no reason why it would not be beneficial in this disease as well as in several other diseases that are reputed to be germ diseases.

"Calcium sulphide has during the last year been used in so-called malarious regions and we have been told by physicians in these sections that a person, when under the influence of from three to six grains of calcium sulphide per day, will not contract malaria, no matter how many mosquitoes there may be, thereby proving of great value in malarial fevers as well as yellow fever. Further investigation along this line is necessary to confirm reports of success. It is necessary to remember that all preparations of calcium sulphide undergo chemical change and deterioration in time, and this may explain to you why you have not had the results you expected.

"In order to secure good results from the use of this drug five things must be remembered. They are the following:

- "1. That the calcium sulphide must be pure, carefully and correctly made, and that it be of recent manufacture.

- "2. That your remedy may not have been sufficiently or minutely

divided by trituration, so as to bring out the full dynamic results.

"3. That you may have used too large doses, and that better results can be obtained with a 1/10 grain tablet in the prevention of boils, styes, etc., than can be secured by a one-grain tablet.

"4. That you may have given the doses too far apart for its continual action. Remember: intensity of action is increased by frequency of repetition.

"5. That the quantity which acts constitutes the dose, and not the quantity that *may* be given. Disease is the result of a disturbance of molecular motion in the cell somewhere, a weakening of cell-vigor, resulting in a degeneration of cell-tissues."

Maruta Cotula.

In writing to *Ellingwood's Therapeutist*, Dr. A. D. Ayer, of Madison, Conn., under the caption of Mayweed, gives a very interesting and instructive account of his uses of preparations of a plant which should be given more careful study than it has heretofore received. In the form of a tincture this agent has been employed in amenorrhea and sick headache, and with most satisfactory results in some very stubborn cases. In his excellent article Dr. Ayer says:

"This common weed I consider one of the very best of our medicinal plants. I am surprised that it has not been more thoroughly studied. Because it has not been classed as a scientific remedy, it has been put aside for commercial preparations, better known, but I believe inferior in properties. This is known as the Maruta cotula. The whole herb is used. It is better known as dog fennel, dog chamomile, wild chamomile. I believe it to be one of the aster family. It grows in waste places, in hard dry soil, and along roadsides; its flowers which appear from June to September are white, on solitary terminal, two downy peduncles. Every part of the plant is acrid and fetid, and seems to be disgusting to fleas and flies, but is craved by toads.

"As a domestic medicine, with those who know this remedy well, it would be difficult to displace it with any of the scientific preparations or serums.

"I have always believed that the only way to learn the properties of a single remedy was to use it alone. I have used this preparation alone in chronic malarial fever, where all the typical symptoms were present, and with cases where the conditions had returned persistently for many years, and have cured the condition with this remedy alone. I soon found that I had to deceive the patient concerning the nature of the remedy, and had to prepare it myself, as, because it was so common they had no faith in it, and would not continue its use.

"I gather it when it has been in bloom a short time, take it to a dark room and spread it out, the whole plant, roots and all, to dry. When it is well cured I strip off the blossoms, and of these I make an

infusion, and administer this to the patient freely. I take all of the rest of the plant and put it into a fruit jar, and add alcohol according to the method advised by Dr. Scudder, in the preparation of tinctures.

"Either as an infusion or in the form of the tincture, this remedy produces copious perspiration, with some an emetic effect is produced by small doses, with others it requires large doses. But if there is gastric and intestinal inactivity and the tongue is heavily coated, I have obtained fine results by giving this remedy for a few hours, when it paves the way for good results from small doses of some other emetic.

"Another class of disorders, in which no single remedy has accomplished as much for me as mayweed, is retarded or irregular menstruation, which seems to induce nervous excitement, or hysterical symptoms. In fact, I give this remedy as a cure for hysterical manifestations, and obtain fine results.

"As a sure remedy for a recently contracted cold, or the so-called grip, it is of superior advantage. I prepare a hot infusion, perhaps an ounce of the herb, to the pint, and allow the patient to sip this hot, a little at a time, during the period of one or two hours. It does not produce profuse perspiration like jaborandi, but it stimulates all of the secretions in a natural and satisfactory manner. It is best not to administer enough to induce nausea. If nausea occurs the remedy may be stopped for a while.

"I have frequently boiled the herb in a small quantity of water, and crushing it into a pulp, have applied it to external piles with excellent results."

Advertising Crooks and Twists.

Under the above heading the editor of *Clinical Medicine*, in his usual forcible style, clearly points out the fact that some of the advertising matter now being circulated is plainly intended to mislead the reader in regard to the value of the guarantee label of the food and drugs act. The editor says:

"The *Journal of the American Medical Association* very properly calls attention to the misuse which some of the food and drug manufacturers are making of the guarantee clause of the national food and drugs act. These people are endeavoring to make it appear, by cleverly worded advertisements, that the national government 'guarantees' the purity of the article advertised and that the 'label' shows that it is all that they claim for it. This, of course, is not true. The guarantee clause simply fixes the responsibility upon the manufacturer in order to protect innocent dealers. The government assumes no responsibility whatever, but stands ready to prosecute the liar.

"This attempt to make advertising capital out of this simple safeguard against deception and falsehood is strongly disapproved of by

the government, which proposes to put a stop to further publication of statements palpably intended to mislead. That's right!

"In this connection it is worth while to call attention to a similar advertising campaign just being entered upon by certain drug houses which are making use of the fact that certain of their products have been 'passed' by the Council of Pharmacy and Chemistry.

"The fact that the preparation has been approved by this body is *no evidence whatever that it has peculiar therapeutic value*; it simply shows that the Council finds that it contains what is claimed and that, according to their lights, no 'exaggerated statements' are made in its literature. Don't, for heaven's sake, make the mistake of believing that a coal-tar hypnotic which has received the approval of this body is any more effective or any less safe than one which has not. It takes experience at the bedside to show that, and this the Council does not supply. That is up to you.

"We haven't the slightest objection to manufacturing houses letting the physicians of the country know that their products have been passed by the Council—many of them need whatever influence this may have—but in simple fairness they should not endeavor to distort the significance of this fact out of its true perspective. *It doesn't really mean anything*, except that in the opinion of the Council the promoters of the preparation are telling the truth."

Now be Good.

Now, my dear brother of the old school, will you be good and stop prattling about "irregulars?" The great State of California, in its new medical law, *commands* that the Eclectic school, the Homeopathic School and the Old School shall hereafter be known as "the three *regular* schools of medicine." Isn't that the worst ever?

Cocaine on Mucous Membranes.

Cocaine applied to the surface of the mucous membrane of the mouth, throat, urethra and nose gives a perfect surgical analgesia; but on the prepuce and glans and in the rectum and vagina it will not do so, hence in operating upon any of these parts the cocaine must be injected into the submucous cellular tissue. Operation is usually begun too soon after injection—at least two full minutes should pass before the mucous membrane is cut. The analgesia persists from twenty minutes to a half-hour.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Los Angeles in June, 1907. E. H. Stevenson, M.D., president; J. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1907. A. E. Broga, M.D., president; E. H. King, M.D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearlstien, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. Electa A. Brown, M.D., president; Pitts Edwin Howes, M.D., secretary.

National Association Bulletin for June.

Every indication points to an interesting and successful meeting as an evidence of a successful and progressive year for our cause.

No pains have been spared to make the trip to the coming meeting one of much pleasure and interest to all the eastern Eclectics and their friends.

The preparation for attendance shows a lively and healthy interest and the number of those who will attend assures an enthusiastic representation at our national gathering.

Our California friends certainly deserve a successful meeting and we are convinced that they will not have labored in vain.

On Tuesday evening, June 18, John Uri Lloyd will give an illustrated lecture, "Turkey and the Orient," covering points of interest as he saw them there a year ago.

After the association adjourns, or as an intermission from the work of the sessions, among the other good things arranged for by Dr. Perce and his committee, will be a day's entertainment at Long Beach, under the auspices of the Long Beach Chamber of Commerce, of which our genial friend has the honor to be president.

This day's entertainment comprises automobile rides, boat rides, music and views of the unsurpassed and magnificent scenery, "beautiful beyond description."

We know everybody wishes to go, and that he who remains away will regret it.

Trusting you will meet us at Los Angeles and there enjoy a feast of good things,

We are yours very fraternally,

WM. P. BEST, M.D., Rec. Secy.

Meeting of the Connecticut Eclectic Medical Association.

The fifty-second annual meeting of the Connecticut Eclectic Medical Association was held at the New Dom Hotel, in Hartford, on Tuesday, May 14, 1907.

In the absence of the president, Vice-President Richardson called the meeting to order, and made a short but interesting address, in which he congratulated the members upon the prosperous condition of the association, and urged them to guard well the equal rights and privileges which they now possess in Connecticut.

Dr. E. H. Marsh gave an interesting address on appendicitis, and Dr. Hinckley gave an account of several surgical operations which were shown to have been unnecessary, and suggested more careful diagnosis and a more thoughtful study of our medicinal resources as means of avoiding surgical mistakes. Dr. J. W. Fyfe reported the excellent success which had resulted from his use of echinacea in syphilis. Dr. Mulligan said that in the treatment of the diseases of children he had found specific medication superior to any other system of therapeutics. Dr. Leonard Bailey gave an interesting address on gall stones, and exhibited an unusually fine specimen passed by one of his lady patients. The following officers were then elected for the ensuing year: President, John W. Fyfe, Saugatuck; vice-president, Frank B. Converse, Westford; secretary, George A. Faber, Waterbury; treasurer, LeRoy A. Smith, Higganum. The treasurer's report showed a balance of \$196.03 in the treasury. The association then adjourned for dinner.

The afternoon session was called to order by the president, Dr. John A. Donner, who pleasantly apologized for not being able to be present at the morning session. Drs. Omray L. Massinger, Percy L. Templeton and Francis A. Taylor were elected active members of the association. President Donner then conducted the newly elected president, Dr. John W. Fyfe, to the chair, and introduced him to the association. Dr. Fyfe thanked the members for the honor conferred upon him, and expressed the hope that his term of office would be characterized by harmonious work in the cause of Eclecticism. The meeting then adjourned. F.

The Massachusetts Eclectic Medical Society.

The forty-seventh annual meeting of the Massachusetts Eclectic Medical Society was held at the Vendome, Commonwealth Avenue, Boston, Mass., Thursday and Friday, June 6 and 7, 1907.

It was well attended. The annual oration was delivered by D. P. Borden of Paterson, N. J., his subject being "The Advantage of Association to Medical Practitioners." Under the heading "A Symposium on Drugs," Dr. E. A. Brown presented a paper on *Gordian*, Dr. A. L. Chase, one on *Lobelia*; Dr. L. Ross, *Bryonia*, and C. E. Niles, *Vesicaria Communis*.

New England Eclectic Medical Association.

The thirteenth annual meeting of the New England Eclectic Medical Association, jointly held with the fifty-second annual meeting of the Connecticut Eclectic Medical Association, was opened in New Dom Hotel, Hartford, Conn., at 2 P. M. Tuesday, May 14, 1907, by President Alfred Horace Flower, M. D., Boston, Mass., and continued two days, with the largest and most enthusiastic attendance to date.

The recording secretary and the treasurer, their reports accepted, were heartily thanked for their work on the "Announcement," which was freely declared the best of its kind.

Seven members were elected, and neither deaths nor withdrawals were reported.

Several delegates were received, and eminent visitors, including representatives from the allopathic and the homeopathic schools, introduced.

Among the interesting communications read, were letters from Elam H. Stevenson, M. D., and William Parker Best, Sc. D., M. D., president and recording secretary, respectively, of the National Eclectic Medical Association.

Many instructive cases were reported, and a free clinic was held each afternoon.

The committee on "Standing of Eclecticism in New England," reported a great need of young Eclectics in the Northeast; and the secretary was instructed properly to invite recent graduates, for which see the Eclectic journals of July, 1907.

Of the fourteen essays listed, the following were read and discussed: "Practicalities in Pathology," Henry Reny, M. D., Biddeford, Me.; "The Trend of Eclecticism," Percy Lee Templeton, M. D., Montpelier, Vt.; "Light on the Subject," (by special invitation), Willard Henry Morse, M. D., F. S. S. Lond., Westfield, N. J.; "Man Manifold," Alexander Wilder, M. D., Newark, N. J.; "The Serum Therapy Contrasted with the Eclectic Therapy," Stephen Benjamin Munn, M. D., Waterbury, Conn., and "The Medicolegal Expert," Frederick Wallace Abbott, M. D., Taunton, Mass.

The annual address, "Successful Treatment of Cancer," by President Flower, evoked a spirited discussion.

Tuesday, the eighty-fourth anniversary of his birth, Dr. Alexander Wilder, unavoidably absent, was telegraphed thus: "Much love and best wishes to 'The Scholar of Eclecticism.'—New England Eclectic Medical Association."

The following officers were elected: President, George Adam Faber, M. D., Waterbury, Conn.; first vice-president, George Albert Weeks, M. D., Richmond, Me.; second vice-president, John Albert Donner, M. D., Holyoke, Mass.; third vice-president, Sarah E. W. Page, M. D., Manchester, N. H.; recording secretary, Sylvia Apphia Abbott, Sc. D., M. D., Taunton, Mass.; treasurer, Henry

Reny, A. M., Ph. G., M. D., Biddeford, Me.; librarian, Herschel Napoleon Waite, M. D., Johnson, Vt.; corresponding secretary, Walter Fitch Hinckley, M. D., Waterbury, Conn.; censors, James Thomas Tonks, M. D., Westbrook, Conn.; Edward Palmer, M. D., Ripley, Me.; Louis Charles Phillippe Massicotte, M. D., Keene, N. H.; Percy Lee Templeton, M. D., Montpelier, Vt.; Alfred Horace Flower, M. D., Boston, Mass., and Edwin Morgan Ripley, M. D., Unionville, Conn.

Amos Eugene Parlin, M. D., Barton Landing, Vt., and Frederick Wallace Abbott, A. M., Ph. D., M. D., LL. D., Taunton, Mass., were elected members of the judicial council for three years.

Alexander Wilder, A. M., M. D., F. A. S., Newark, N. J., and James Washburne Marsh, M. D., Manchester Center, Vt., were elected delegates to the National Eclectic Medical Association; James Edwin Hair, M. D., Bridgeport, Conn., and John Fraser Barbrick, M. D., Boston, Mass., to the Maine Eclectic Medical Society; Frederick Wallace Abbott, A. M., Ph. D., M. D., LL. D., Taunton, Mass., and Alonzo Dowling Muchmore, M. D., Plymouth, N. H., to the Eclectic Medical Society of New Hampshire; Hiram Edwin Templeton, M. D., Montpelier, Vt., and Frank Winchester Snell, M. D., LL. D., Dennysville, Me., to the Vermont State Eclectic Medical Society; John Edwin Carter Tompkins, M. D., Stanstead, P. Q., and Frederick Daniel Webley, M. D., Santa Rosa, Cal., to the Massachusetts Eclectic Medical Society; Oliver Dana Bemis, M. D., Jonesville, Vt., and Edward Fennessey Jones, M. D., Indianapolis, Ind., to the Rhode Island Eclectic Medical Society, and Frederick Henry Williams, M. D., Bristol, Conn., and George Burnham Hatch, Ph. B., M. D., Groton, Vt., to the Connecticut Eclectic Medical Association.

The Association, which, having been urgently invited, voted to hold its fourteenth annual meeting at Keene, N. H., next May, adjourned with increased membership, no debts, some funds, and bright prospects.

DR. SYLVINA APPHIA ABBOTT, Rec. Secy.

Book Reviews

A Constructive Method in Histology based upon the tube plan of structure of the animal body, with case of models for demonstration, by I. S. Foote, M.D., Professor of Histology and Pathology in the Medical Department of Creighton University, Omaha, Neb. Published by F. L. Bradbury, Naugatuck, Conn. 4to, 134 pp. and case of models, \$3.75.

This admirable work, a departure from the usual plan, is based upon object lessons by means of constructing the various tissues of the organs by models. There is no question that this method gives a clear understanding of the subject and facilitates the stu-

dent to master the fundamental principles of this important branch of science.

The text is written in a brief and clear manner, profusely illustrated. The arrangement of tables in the text is an excellent idea, as the subject can be grasped at a glance.

This work can be called a landmark in its branch and deserves our highest and heartiest recommendation. M. M.

Practical Dietetics. With reference to diet and disease, by Alida Francis Pattee. Fourth edition. A. F. Pattee, publisher, Mount Vernon, N. Y.; 52 West 39th St., New York.

This is a useful and practical little book and should be in the hands of every nurse and doctor. Its popularity and usefulness is easily understood, for its cooking receipes are so very practical. A ten thousand edition was sold in one year.

Nervous and Mental Diseases. By Church and Peterson. Published by W. B. Saunders & Co., Philadelphia.

The fifth edition of this excellent work shows a careful review; and, while the changes in the descriptive text are few and not particularly important, such review places it well up with the times and makes it a most desirable work for both the student and the practitioner. The illustrations are numerous and materially aid in explaining the text. The authors are to be congratulated upon having with such clearness and force treated both subjects of neurology and psychiatry in a single volume. These subjects are now receiving more attention from investigators than any other two with which the physician has to do, and this volume will be of great assistance to those who are studying along these lines. The ideas on the care and treatment of the insane are in accord with those of the most advanced thinkers on these subjects, and the persistence with which hygienic measures are recommended instead of the old system of drug treatment is especially commendable. It is surprising, however, that Dr. Peterson, who is the author of the section of psychiatry, should treat hypnotism of no special value as a therapeutic agent. This, too, in the face of the fact that eminent physicians in Paris and other centers of advanced thought are treating the insane with pronounced success by hypnotism. Dr. Voisin, the well-known alienist, has made a specialty of treating the insane in this way. It is no new method. Nearly a hundred years ago Dr. Esdaile, in the hospitals of Calcutta, cured many among the insane by what was then known as mesmerism. On one occasion he took thirty-seven cases of insanity from the list in the order in which they had been received without any reference to the character or duration of the insanity and treated them for six months with the following results: Cured, 8; cured but relapsed, 1; no change, 18; died, 1; under treatment and much improved, 9.

Dr. Kean, a friend of Dr. Esdaile, was even more successful in this direction; and in a single year at the lunatic asylum of Berampore

treated seventy-four selected patients by mesmerism and sixty-four of the number were discharged as cured. In 1852 Dr. Davey cured by hypnotism a number of patients in Colney Hatch lunatic asylum. It is sincerely hoped that in the forthcoming editions of this valuable work hypnotic suggestion will be accorded the important place it deserves in the treatment of nervous and mental diseases. J. T. S.

Items

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Send the names and addresses of the high school graduates in your town and we will send them our catalogue. _____

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The Connecticut society is to be congratulated on the election of Dr. Fyfe as president. _____

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Quite a party will gather at Albany en route for the National with the "Dietetic Journal" in the lead. _____



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19 East 11th Avenue, Denver, Colo.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. X.

NEW YORK, JULY 15, 1907.

No. 7.

The Meeting of the National.

We are glad to record a pleasant and a profitable meeting. The attendance was good, although many familiar faces were missing, but we are glad to say that most of the absentees had sent congratulatory and encouraging letters or telegram to the officers, expressing their great regret at their unavoidable absence.

The thirty-seventh annual meeting of the National Eclectic Medical Association convened in the Assembly Room of the Hotel Alexandria, Los Angeles, Tuesday, June 18, at 10 A.M., President Stevenson in the chair, and Secretary Best recording. An address of welcome was given by the Rev. E. J. Harper, as the representative of Mayor Harper, and the invocation was offered by the Rev. Doctor Robert McIntire. Then followed the announcement of a quorum and we proceeded to business.

The routine business occupied a large part of the morning session. President Stevenson delivered a most interesting address which was followed by the annual report of the secretary.

The local committee of arrangements then announced their plans for our entertainment during the stay at Los Angeles.

The association then adopted the suggestion of the entertainment committee to devote the mornings to business and the afternoons to sightseeing and entertainment, so our time was fully occupied. The following mornings the society actively hustled its business along so that from two and a half to three hours each day was devoted to section work.

Many interesting and instructive papers were presented by members and delegates, our party being represented in the section of materia medica and therapeutics by Pitts Edwin Howes, with a paper on "Single Remedies or Combinations," and by George W. Boskowitz in the section on practice of medicine with a paper on "Diabetes Mellitus." Dr. Earl H. King, the treasurer, in presenting the annual report, which showed the financial condition of the organization to be most prosperous, recommended the continuance of the card system of accounts which he had instituted. This

recommendation the society unanimously adopted. A most interesting address was delivered by Prof. R. A. Thomas, of Cincinnati, on "The Need of the Hour," and several important resolutions urging members to stand by the principles of the school, and referring to Dr. Osler as a therapeutic nihilist, were unanimously adopted.

A congratulatory telegram was sent to the American Institute of Homeopathy, in session at Jamestown.

At the final morning session, Kansas City was selected as the next meeting place and the following officers were elected: Dr. L. A. Perce, of Long Beach, Cal., president; Doctor Lee Strause, of Covington, Ky., first vice-president; Dr. P. L. Mayberg, of St. Louis, Mo., second vice president; Dr. Earl H. King, of Saratoga, New York, third vice president; Doctor E. G. Sharp, of Guthrie, Okla., treasurer; Doctor W. P. Best, of Indianapolis, Ind., recording secretary; Doctor H. H. Helbing, of St. Louis, Mo., corresponding secretary.

The Trip to Los Angeles.

The National Meeting of Eclectics for 1907 is over. The long talked of trip to the Pacific Coast has been taken and enjoyed to the full, and the Eastern delegation has washed off the travel stains, and all that remains of the trip are a few souvenirs and a pleasant memory of every dream fulfilled that will last for many years.

The itinerary gotten out by Dr. Howes, of Boston, was followed to the letter, and every one must feel that the trip was altogether satisfactory and that the most desirable parts of this great country were covered. From the time of starting, June 10, every moment was full of joy. The sun shone, yet there was no intense heat; the greatest good fellowship prevailed, and we all felt that every possible thing was done for our comfort, even the elements lending their aid to make the trip a pleasure and the memory of it a delight.

It is indeed a comfort to travel with all the disagreeable elements removed; such as looking after time tables, Pullman berths, baggage, etc. A half day stop in Chicago, another half day at Kansas City, a ride around Pueblo, a visit over night at Colorado Springs, at the beautiful Antlers Hotel, and a ride around the wonderful surrounding mountains; then the stop over night at Glenwood Springs, at the Hotel Colorado, made the trip to this point no exertion whatever.

Our next stop was all day Sunday at Salt Lake City. This most wonderful and interesting city of the middle west has a great charm for eastern visitors. It is here we see in all its verdant glory the first practical results of irrigation, and it is almost unbelievable to realize that this beautiful city was once a sandy desert plain.

After leaving Salt Lake City many of us felt like pushing right through to our destination, Los Angeles; but upon reaching Riverside and spending a night at the Mission Inn, with its artistic furnishings and wonderful surroundings, we felt more than repaid.

Our welcome at Los Angeles was so genuine, and so many charming hospitalities were extended to us while there that it would take too much space to enumerate them all. We enjoyed the ride through the principal parts of the city arranged for us the day of our arrival, and that evening, Prof. Lloyd's illustrated lecture on the Orient was so interesting and the pictures of the ancient ruins so real that when the lights were turned on and we passed out into the summer night, it took a few moments to realize that we were really in new and beautiful Los Angeles.

A very pleasant reception was held at the Hotel Alexandria which was the headquarters provided for the meeting, and last, but not least, the afternoon at Long Beach. Large cars were engaged to take the entire party, and the ride of thirty miles to the ocean was fine. At Long Beach automobiles and a steamer were placed at our disposal as well as an invitation to "dip" in the Pacific. A delightful afternoon was spent, each one of the party doing the thing he found most agreeable.

We cannot pass Los Angeles without mentioning the beautiful flowers that were presented to us at every turn both in the hotel and at Long Beach. Each one made himself or herself a host, and nothing more could have been done for our entertainment and comfort.

The coast trip to San Francisco and the climb over the Santa Marguerita mountains and San Luis Obispo was thoroughly enjoyed as were San Francisco's picturesque ruins. The beautiful Fairmount Hotel and trip to Witter Spring formed the next view in the kaleidoscope.

We then pushed on to Portland and Seattle, and then steamer to Victoria. Here we must realize at once that we have left the States and are on English soil. We, who are accustomed to the bustle of our eastern cities would call it a sleepy town; but so beautiful is its natural situation, its profusion of flowers, that it stands out in our trip as a picture. The tally-ho drive along Oak Bay, on Puget Sound, through the park and woods and around the parliamentary buildings, was one of the best we have taken. A night in the hotel and the next morning we were all "on deck" on the steamship Princess Victoria, and for five hours sailed through Puget Sound. The mountains, many of them with their snowy caps gleaming in the sun, quite near us on either side. A few hours at Vancouver and then on to Glacier and Banff. Is there anybody who has spent a day or two at these two nooks in the mountains who will ever regret it. A snow flurry occasionally, just for variety, and we can truthfully say that on the fourth of July we

picked snowballs instead of fire crackers. Two days more of rail-roading and two days on the lakes with perfect weather, and in another twenty-four hours we are landed safely in New York City feeling refreshed for the trip and ready for the accumulation of work that I can safely say everyone found waiting.

L. B.

A "Discovery."

The impressive effect which anything medical coming from Germany has upon the old school mind is truly wonderful. This thought is suggested to the writer on again reading an account of a German "discovery" which is now going the rounds of the old school medical press.

It seems from the glowing excerpts taken from a German medical journal, that one Prof. Hufeland, after a series of investigations, has "discovered" that belladonna possesses prophylactic powers against scarlet fever. In calling the attention of the Prussian government to his great discovery, and urging it to issue an official decree ordering the general use of belladonna, as a prophylactic, in all instances when scarlet fever is likely to prevail as an epidemic, the professor in substance said:

1. The proper use of belladonna has, in most cases, prevented infection, even in those instances where, by the continual intercourse with patients laboring under scarlet fever, the predisposition toward it was greatly increased.

2. Numerous observations have shown that, by the general use of belladonna, epidemics of scarlet fever have actually been arrested.

3. In those few instances where the use of belladonna was insufficient to prevent infection, the disease has invariably been slight.

4. There are exceptions to the above three points, but their number is extremely small.

Evidently this German professor can read English fairly well, for more than forty years ago the late Prof. J. M. Scudder published these facts substantially as given above, and the writer, after demonstrating their reliability in his own practice, has been republishing them in various medical journals for more than a quarter of a century, and they are fully given in his work on *materia medica*. Truly, it is a great thing to be a German professor.

J. W. F.

In giving *copaiba* to your patient, always warn him of the possibility of the eruption.—*Summary*.

Original Articles

Iris Versicolor.

BY M. B. McDERMOTT, M.D.

Read at a meeting of the New York Specific Medication Club.

Common name—Blue flag.

Natural order—Iridaceae.

Part used in medicine—Rhizome and root.

Origin—This plant is found throughout the United States and Canada, flourishing in low wet places, in meadows and on the borders of swamps, which it serves to adorn with its large and beautiful flowers.

There are over one hundred species belonging to this genus, four-fifths of which are indigenous to southern Europe, north Africa and Asia Minor and India, the other fifth to North America. (D. W. Cressler in Am. J. P. 1881.) Only one of these resembles iris versicolor—iris missouriensis. This grows abundantly in the southwestern states, particularly in the Missouri Valley, hence the name. The roots of the various species are more or less acrid, and possess cathartic, diuretic and emetic properties. Next to blue flag, the only one of any importance in this genus is Florentine orris, or orris root. It is valued chiefly for its agreeable violet-like odor, and enters into the composition of toothpowders, while it is chewed occasionally to conceal offensive breath, and dusted into shoes to absorb moisture from perspiring feet. It is also used by some country physicians for absorbing discharges from issues in the form of a small round ball, the size of a pea, a purpose to which it is adapted by its odor and porosity in its dried state.

Description—Blue flag is a perennial plant, with a fleshy, horizontal, fibrous jointed root, or rhizome. The stem is two to three feet high, round on one side and acute on the other with many branches. The leaves are sheathed at the base, sword shaped and erect, about twelve inches long, and one-half to one inch wide. The flowers are from two to six in number, generally blue or purple, and make their appearance in May and June. The flowers afford a fine blue infusion, which is a good substitute for litmus and serves as a test for acids and alkalis. The fruit or capsule, when mature, is oblong, three sided, with rounded angles and contain three cells. These cells contain numerous flat seeds.

Constituents—Iris versicolor contains tannin, gum, starch, an acrid resin, 25% fixed oil and traces of an alkaloid as yet undetermined.

Properties—The fresh root is odorless, but, when dried and pulverized, emits a peculiar faint odor. It has an acrid, disagreeable nauseous taste, which it yields to water in decoction, and still more so to alcohol. The acrid taste and medicinal potency is im-

paired by age. The fresh root, if cut transversely into slices and dried at a temperature of about 100°F., then powdered and put into dry, dark and well closed containers, protected from light and air, it retains its medicinal virtues for a long time. Iris owes its medicinal activity to the mucilage, resin and fixed oil which it contains.

Preparations and doses—Specific iris, $\frac{1}{4}$ to 5 minims; fluid extract iris, 10 to 20 minims; oleo resin iris, $\frac{1}{4}$ to 5 minims.

Medicinal properties and uses—I do not know of another remedy in our materia medica that has a more extensive range of usefulness in certain morbid conditions of the body than iris. Eclectic physicians in general are long familiar with most of the therapeutic actions of this valuable medicinal plant. Its indications in pathological conditions and in blood dyscrasias are varied and numerous. It possesses alterative, cathartic, diuretic, emetic, cholagogue, hydragogue, sialagogue, vermifuge, laxative, resolvent and anti-syphilitic properties. In primary and secondary syphilis it acts as a powerful and efficacious remedy, either alone or in combination with phytolacca and podophylin. In chronic hepatic, renal and splenetic affections, iris versicolor is a valuable remedy.

Given in large doses every three hours to fall short of catharsis, it acts as an effective alterative, frequently causing copious salivation without injuring the teeth or gums.

Doses of from 5ss. to ʒi. of the fluid extract in some persons produce severe nausea and vomiting, with much prostration.

It exerts a specific influence in cases of goitre—both simple and exophthalmic. When given early in these diseases, it has effected cures in very severe cases. In chronic rheumatism, syphilis, dyspepsia, tapeworm, gonorrhoea, leucorrhoea, dysmenorrhoea and constipation it has been used with positive results.

I have had under treatment for several months a case of sexual neurasthenia, in which there have been nocturnal emissions and prostatic discharges, resulting from self abuse and excessive venery. The discharges are now entirely stopped and the patient in a comparatively good condition, mentally and physically, and, I may add, morally. The treatment in this case I mention has been largely systematized hygienic measures, with 1 grain doses of oleo resin of iris, three times a day. Iris appears to act particularly on the glandular system. If given in large doses it evacuates and exhausts the system, acting on the liver and throughout the alimentary canal. Given in small, frequent repeated doses, it stimulates the lymphatic system to renewed activity. When large doses are given the nauseating effect can be mitigated by the addition of infinitesimal doses of capsicum.

In dropsy it may be used alone or in combination with apocynum with flattering results. In hydrothorax and anasarca, the maximum dose taken every two or three hours until its hydragogue

effect is obtained, will give positive satisfaction.

Combined with podophylin and leptandrin, this remedy is a specific in the treatment of jaundice arising from obstruction of the bile ducts, due to duodenal catarrh. Skin diseases attended with local and constitutional disturbances—such as herpes zoster, dermatitis-herpetiformis, pustular eczema, etc., yield to this remedy when taken internally and used locally.

Bilious headaches or headaches of a reflex nature, due to gastric irritability, will readily yield to small doses of iris, frequently repeated.

The curative action of iris, according to Dr. Fyfe, depends upon its power of directly stimulating the glandular system, the lymphatics and the skin. This influence is especially marked on the salivary glands, the pancreas, the liver and the upper part of the gastro-intestinal tract. It promotes waste and causes decided elimination of impurities from the blood.

350 West 46th street, New York City.

Ulcus Ventriculus—The Diagnosis and Treatment.

BY V. SILLO, M.D.

Of all the diseases which attack the human stomach, the ulcer presents the greatest difficulty for a proper diagnosis. Partly because a wound in so thin a structure as the stomach wall without recognizable tumor or infiltration is not within easy reach of our usual methods of examination, viz.: inspection, palpation, and auscultation. Partly because the disease does not present any constantly pathognomonic symptoms. Other diseases presenting some, or all, of the same symptoms. Finally because the stomach is situated in a region which, anatomically speaking, is rather complicated. We find here one important organ in close proximity and relation to the other: muscles, peritoneum, pancreas, liver, spleen, duodenum, and transverse colon. Also numerous arteries, nerves, ganglia, lymphatics, with the spinal nerves, column and cord behind, and the lungs, and heart above only separated by the thin diaphragm. Little wonder then that the diagnosis at times becomes difficult.

Not until the middle of the sixteenth century do we find this disease mentioned in the medical literature. And as to throw the glove to the medical profession, the first case recorded is that of a physician's young wife who, attacked suddenly, died in four days of perforation peritonitis. During the following two centuries *ulcus ventriculus* is only occasionally mentioned in autopsy reports, and it remained for Cruveilhier, in 1830, to first describe the ulcer as a special and independent disease, giving its symptomatology, and differential diagnosis, from gastralgia and chronic catarrh. He also advised the treatment which even at the present time is accepted as the most rational, namely, rest and milk diet.

As to the aetiology we are still somewhat in the dark, but ulcer probably results from the corroding actions of a gastric juice strong in HCl, accompanied by certain predisposing causes, such as chlorosis—or as Virchow stated in 1853—a localized circulation disturbance, or infarction, resulting in necrosis of the mucosa.

The four symptoms which furnish our chief reliance are pain, with circumscribed, tender spot, dyspepsia vomiting, hematemesis. Of these the pain is the most important, not only because it is to a certain extent characteristic of *lucus ventriculus*, but also because it is seldom wanting. The pain may be of any degree of severity, burning or boring, violent or spasmodic, and is generally situated in the median line near the ensiform cartilage, more often to the left than to the right, remains either stationary or radiates to both sides, more frequently to the left than to the right, and to the back. The directions either following the lower border of the left ribs, or straight backwards to a point situated between the shoulder blades near the lower margin of the left, sometimes as far down as the upper lumbar vertebrae.

The fact that the pain is usually not felt when the stomach is empty, and is either almost or greatly lessened when only liquid food has been taken, is almost diagnostic of gastric ulcer, though the pain of hyperchlorhydria is sometimes similar in its manifestations, the latter pain however usually comes on late, not often until an hour or two after eating, and is apt to increase in severity up to the time when digestion is at its height, and taking more food, specially richly nitrogenous, relieves it, while the pain of ulcer follows often immediately upon eating, and the more food, generally the more pain. But one must remember that ulcer and hyperchlorhydria often accompany each other, and when they do the pain resulting from the two combined conditions is likely to increase up to the acme of digestion, from one to three hours after a meal, just as in cases of uncomplicated hyperacidity. After the pain the dyspepsia is the most frequent symptom, such as loss of appetite, bad taste, coated tongue, nausea, sour eructations, and regurgitation of the food. The symptoms may all exist at one time, or appear singly—generally depending on some special dietetic mistake, such as overindulgence in coffee, smoked or salted or highly spiced food and onions.

The vomiting is also a frequent symptom. In some cases it appears early in the disease, in others late, after the pain and dyspepsia has existed for some time. It generally precedes the appearance of haematemesis and appears after over-indulgence in the same things which cause the dyspepsia. Generally the vomiting is without strain, relieves the pain which persists until vomiting occurs, so that the patients often try to induce it. The vomiting might be copious and very persistent, and consists generally of a sour fluid with mucus and food remnants, sometimes also bile and blood

streaks, and depends often like the dyspepsia upon an accompanying gastric catarrh.

Hemorrhage may reveal itself either by vomiting of fresh red blood, or by dark changed blood (coffee grounds vomit) or by the passage of black tarry stools. The amount of blood lost may be small, even less than a teaspoonful, from the erosion of minute vessel and be recognizable only by painstaking examination of the stools, or very large, amounting sometimes to twenty-four ounces. A very copious hemorrhage from the stomach showing itself by sudden severe hematemesis and black stools points to ulcer rather than cancer of the stomach, since in the latter disease it is unusual to see so much blood lost at once.

We see thus that pain, dyspepsia, vomiting, and hematemesis are the most important symptoms in gastric ulcer. All other symptoms are of minor importance as far as the diagnosis is concerned. The patient's age and sex is of importance, occurring four times more frequently in women than men, and generally between the 20th and 40th year.

The complexion of the patient may be ruddy and fresh, though more frequently it is pale, especially after hemorrhage. The appetite is generally good, often excessive. This assists specially in differentiating ulcer from cancer and chronic asthenic gastritis, though not from simple hyperacidity, or sthenic gastritis, in both of which a sharp appetite is the rule.

Constipation most commonly coexists with gastric ulcer, but it also complicates a majority of other affections. A tumor may sometimes be felt, especially in old ulcers, involving dense cicatrices or adhesions with neighboring organs, when much hypertrophy of the pylorus has resulted. Such a tumor is usually small, of cylindric shape, smooth and immovable instead of irregular, nodular and freely movable as is most frequently the case with cancer of the stomach.

Treatment may be divided into prophylactic and curative. When the special rest and diet cure is instituted and strictly carried out during an early stage of the disease, recovery nearly always follows within a few weeks, and is often permanent. When the affection has long existed, and the ulcer is deep, as shown by large hemorrhage the outlook is less favorable. When complicated with gastritis the disease is likely to be obstinate, and when accompanied by stenosis of either orifice or hourglass contraction a cure is impossible without surgery.

In every case in which there is marked hyperacidity and pain during or at the height of digestion, I consider it justifiable to assume that ulcer is either threatened or already present, and insist upon rational and persistent treatment until normal conditions have been restored. Since

anemia and chlorosis predispose to ulcer, these conditions should be relieved by appropriate hygienic and hydrotherapeutic measures, with the addition of small doses of mild iron preparations. The ordinary *tr. ferri chloridi* generally aggravates any case associated with hyperacidity as does most of the proprietary acid iron preparations. The best results I have obtained with a powder consisting of lactated iron 3 parts, tartaric acid 9 parts, and sugar and bicarbonate of soda of each 12 parts. A teaspoonful in a half glass of water before meals, taken while foaming. The curative treatment has for its purpose, (1) as complete rest for the stomach as possible, (2) to modify gastric secretion—that is, reduce the hyperacidity—(3) to allay the pain and vomiting, and prevent and arrest hemorrhages. I generally start treatment by ordering absolute rest in bed, one to two and a half quarts of milk a day, and one teaspoonful of bicarbonate of soda in a glass of cold water three or four times daily. A well adjusted hot compress, changed about once every two hours, is also ordered to assist allaying the pain and tenderness. If this succeeds in stopping the pain and vomiting I generally continue with this for two weeks, then add porridge of either barley, rice or farina, once a day for three days, then add boiled fresh fish for three days, and then fricasseed meats for three days. If this is well tolerated the patient is permitted to get up and the first part of the treatment is over. In the after treatment it is most important that the patient does not over-exert himself but still keeps as quiet as possible, and only very slowly resumes his daily duties. The diet is rapidly increased to weak tea, white bread and butter, and fruit for breakfast, milk soups and boiled fish and meats (as cutlets, steak and chops) for dinner, and poached eggs and bread for supper, still avoiding rye bread, coffee, chocolate, smoked and salted or potted or preserved meats, or fresh cabbage, peas, onions, condiments or pastry.

The treatment is especially successful in recent cases. In cases of long standing, however, some individualizing is often necessary. If the pain and vomiting are not quickly relieved, I do not hesitate to use opium and also add bismuth subnitrate $\overline{\text{Si}}\text{-}\overline{\text{ss}}$ in the morning suspended in 2 oz. water. If there is marked intolerance to milk, I substitute oatmeal, or rice, or barley water, after first having tried the milk either iced, or hot, or with lime water. If vomiting still persists I suspend all feeding by mouth and rely upon two rectal enemas a day for at least four days, when mouth feeding is tentatively resumed. Hematemesis demands absolute rest for the stomach (not even ice pellets), ice compresses over the epigastrium, ergot and morphine hypodermically. After severe hematemesis rectal alimentation should be continued for at least a week, and then the above-mentioned treatment slowly inaugurated.

The treatment of perforations and peritonitis is the same as in other perforation peritonitis, and had better be left in the hands of a skillful surgeon.

New York City.

Affections of the Foot.

BY O. A. HYDE, M. D.

Read at a meeting of the Eclectic Medical Society of the City and County of New York.

To properly understand and treat foot affections it is most necessary that its anatomy be carefully considered, and, therefore, allow me to take a few moments for that purpose.

We find the arch of the foot composed of a short posterior portion, about three inches in length, and an anterior limb six inches long.

At the junction of the two sections the keystone of the arch is represented by the astragalus, which bears the whole weight of the body upon its upper surface when a person stands upon one foot, the weight being transferred from one foot to the other alternately, in walking. The posterior part of the arch is heavier and stronger than the anterior, and also has less motion between its different parts.

Posteriorly, the arch ends abruptly at the heel, while anteriorly it has attached but not aiding it in function, the toes.

Next we note the great strength of the ligaments binding the several bones together; the strong fascia, attached to the extremities of the arch which, like the string to the bow, preserves its convexity.

The muscles, also, winding about the borders of the foot, nearer the middle of the arch, perform the same function and at the same time move the foot as in locomotion.

From its musculature and its many and varied articulations, its very important function, mobility, is easily understood.

Its nerves and vessels are carefully placed where most protection may be afforded.

Lastly, its integument is only thick and closely attached to underlying tissues where needed most, at the sole; thus giving at once protection and sure-footedness, which would be much diminished if the sole were loosely fastened to the deep planted fascia.

We may divide foot affections, probably with advantage, into these which have their cause arising from the foot itself, and those of more remote origin, from some disease or bodily affection.

Among the first series we may consider those of the skin, its irritation and changes, including the bursae in its underlying fascia, its ligaments and bones, viz.:

- a. Corns, callouses, nail changes or diseases.
- b. Hyperidrosis, Bromidrosis, Hyperaesthesia, and skin diseases of the foot.
- c. Bunions, and other bursal inflammations.
- d. Deformities resulting from pressure, strain or trauma.

c. Inflammation of bone due to tension of ligaments or tendons, or pressure upon prominences of the bones.

Causes of remote origin we find principally represented by diseases of or injuries to the nervous system, and such disorders of bone nutrition as rickets, ostea-malacia, etc.

Excepting those of nervous origin, most of these affections are curable.

Ingrowing toenail I have treated most effectively by running a small piece of adhesive plaster obliquely across the end of the toe in such a direction that the middle of the narrow strip may come under the point or anterior corner of the nail, thus preventing it from pressing into the flesh. Cotton packed under the edge is sometimes more convenient, and easily applied.

When fungous flesh is present, I have injected cocaine dissolved in 1 to 1,000 adrenalin chloride (4% solution), about the nail, and thoroughly curetted the granulations away, used plaster or cotton, as above, and applied two or three times a day a solution of equal parts of Trs. thuja, echinacea and aqueous ext. hamamelis, with excellent result.

It is seldom necessary to cut away one-quarter or one-half of the lateral part of the nail as formerly done.

Hyperaesthesia and burning of the feet is probably due to local causes, as friction, or may be a nervous reflex. One form, plantalgia, occurs with deformed feet or from injury to plantar fascia.

Deformities from pressure are most frequently to be found about the toes, as in hallux valgus, when the great toe is pressed at its distal end towards the outer toes, the second toe being usually forced at its terminal phalanx downward and is thus overlapped by the Hallux.

Surgical treatment is indicated by a removal of the inner part of the metatarsa-phalangeal joint, or cuneiform osteotomy of the first metacarpal bone just behind the above-mentioned joint.

Similar causes, or trauma, may produce displacement or overlapping of the other toes.

Weight upon the dorsum of the foot, with unusual strain, affects the plantar fascia, plantar ligaments, and inferior calcaneo navicular ligament, or the deltoid ligament of the ankle, giving the frequent deformity, flat foot. Much pain and disability often follow.

Treatment indicated is to support the antero-post arch of the foot by artificial means and at same time increase its strength.

Inflammation of the weight bearing bony prominences of the foot from pressure appears as in policeman's heel, at the tuberosities of the os calcis: also at the heads of the metatarsal bones, as in metatarsalgia, or Morton's neuralgia, where the metatarso-phalangeal articulation at the fourth toe is usually very painful.

Morton's neuralgia at times appears without any apparent cause. It is regarded as the result of depression of the transverse arch of the foot at the heads of the metatarsal bones; and the consequent rubbing or pressure of the head of the fourth metatarsal against the base of the first phalanx of the fifth or little toe.

It owes its importance to the fact that it is most frequently called rheumatism of the foot, and erroneously treated as such, without relief.

The treatment restores or preserves this weakened arch by bandage or plate, or shoe. General anesthesia may become necessary to force the bones to normal position, and resection of the fourth metatarsal head may be required.

Inflammation of bone from tension of ligaments or tendons, partly or completely tearing away their periosteal attachments to osseous tissue, follow, for the most part, traumatism.

Remote causes of foot affections are generally due to acute spinal infantile paralysis, acute anterior-polio-myelitis, which, by destruction of nerve cells in the anterior horn of the spinal cord, produces paralysis of one or more muscles of the leg or whole lower extremity; seldom affecting the upper extremity.

Next we note nutritional disturbances interfering with the growth of the larger bones, the femur, tibia, and the flat cranial bones, in the former cases followed by bow legs and knock-knee, and in the latter by a small cranial cavity.

And lastly, cerebral injuries or diseases, in a fair proportion among all cases, produce foot deformity. Birth palsies and idiocy render this class almost hopeless, even as to improvement of physical condition. Surgery has and will relieve these patients to a considerable degree, as in cystic tumors from meningeal hemorrhage, occurring at birth, that have been removed with excellent results.

Tendon transplantation, with or without associated operation, as a partial cure for the 1st class, has been, since 1882, under experiment, but seems to require in almost every case to be aided by some mechanical apparatus. Where cranial sutures have united prematurely thus indicating abnormal bone nutrition, craniectomy has been of doubtful or only slight benefit.

The 3d class, the most hopeless of all, are, in selected cases, somewhat improved by craniectomy and such removal of cysts, tumors, etc., as may be safely operable.

Of all abnormal conditions of the feet, two deformities are of special interest: Flat foot and club foot.

The milder forms of flat foot are often called weak foot, then pronated foot, and lastly flat foot. It may be congenital or acquired: The first from weak plantar fascia and ligaments, especially at the mid-tarsal articulation, drawing or forcing the tibia towards the inner border of the foot, thus moving the astragalus from its

normal position on the os calcis and allowing it to overlap or partly slide inward and from the os calcis. At the same time the soft tissue of the bones takes on changes both in periosteum, and the internal bone tissue.

The acquired form has a similar distorted relation of the parts.

Anatomically we have noticed that two elements retain the antero-posterior arch of the foot in proper arch or shape; 1st, the inferior ligaments and fascia, and internal lateral ligament of ankle, and, 2d, by the support from the tendons passing to the sole of the foot, beneath these ligaments; therefore, it may be easy to see that if either of these elements be weak, the other may be strong enough to take its place and give sufficient support.

After a time both may lose power, and then the flat foot will be complete.

In treating these patients much is gained by examining the old shoes last worn, and the condition of the weight-bearing surfaces of the sole as well as the shape of the upper of the shoe. Treatment may be directed at first to raising the inner border of the shoe; avoiding valgus abduction, and long continuation of the passive position of the feet.

Then exercise the adductors and plantar flexors; tiptoeing is an excellent exercise for this purpose.

As far as possible, the foot should regain its normal elasticity; then, when in proper position, the support or brace should be applied, which may be worn from three months to one year, or even longer; in children, at least one year.

The use of the above appliances should be followed by properly adjusted shoes, passive manipulation, and walking.

Club foot, of which the four well known positions of deformity result from extreme extension, flexion, adduction and abduction, and combinations of these positions, may be either congenital, and acquired, or of spinal or cerebral origin.

When it is a sequela of anterior palio-myelitis it affects the lower extremity in about 80% of all cases.

Borg's theory as to prenatal causes, claims that at the third month of intra-uterine life the foetus does not change the foot position common to it at this period, and continued deformity follows.

Equino-varus, most difficult to cure of these congenital deformities, corresponds to the position of the feet during the early and middle periods in intra-uterine growth.

These complications and defects of development are comparatively rare, so that Whitman states that "in the great majority of cases, congenital club foot is a simple deformity capable of perfect cure."

Wolf's method of treatment, while efficient, is tedious.

Tendon transplantation has, since its introduction by Nicoladoni, in 1882, been an addition to treatment of these cases, that has been very extensively tested.

It has been used for deformity of both upper and lower extremities, and, in the latter, at least, seems to aid but not entirely supplant orthopedic appliances, except, possibly, in a few limited cases.

Combined with arthrodesis it may be of much benefit.

Arthrodesis, originated by Albert, in 1878, has a limited field and only to be employed when the paralysis is complete. It only prevents recurrent deformity.

At times it is employed to remove distorting forces. As a rule it is resorted to in late adolescence or adult life.

Next, three actions of the foot are to be obtained, increased and retained as may be necessary rather than their antagonizing actions, namely: plantar flexion rather than dorsal flexion; dorsal flexion rather than abduction or adduction; and adduction rather than abduction.

Rheumatism of the feet, so frequently complained of to the orthopaedic surgeon is, in the great majority of cases, only pain due to some weakness or deformity of the feet or foot. I have most excellent results from strapping the foot with Z O adhesive plaster, after the method employed in sprains of foot or ankle, passing the strips, two inches wide, from the outer, upper part of the dorsum of the foot, under the sole beneath the astragalo-navicular joint, and then up along the ankle and legs, following this strap by another immediately before and slightly overlapping the first.

Remembering that the plantar fascia was too weak, rather too long in these flat or weak feet, I supplemented this strapping by first running two straps from base of toes over the sole to a line one or two inches behind the center of the heel, drawing each strap very tight, and then applying the first two foot and leg straps mentioned above.

This additional sole strapping greatly relieved the pain and disability.

This supporting treatment should no doubt precede the use of a brace or shoe which might be used when the foot has been relieved of pain, and brought nearer to its normal shape. The brace should only be made over a cast of the foot.

The above serves to show that flat foot might better be named weak foot, and depends upon weakness of soft tissues, fascia, ligaments and muscles, later associated with bone changes of both position and internal tissue, while club foot is due mainly to deformed bone tissue, stretched ligaments, and loss of balance between opposing muscles, and is generally curable as regards function.

The latest treatment for club foot is the Cole shoe which appears to properly support the weakened foot; it is also useful in many other foot and leg deformities.

127 East 93d St., New York.

Important Items.

BY JOHN ALBERT BURNETT, M. D.

A rectal injection of a hot normal saline solution will relieve retention of urine after labor in most cases. Dr. A. Rose considers equal parts of calcined magnesia and bismuth subnitrate in even teaspoonful doses in water, taken one-half hour before meals, the simplest and most rational treatment of chronic gastritis. Dr. H. K. Whitford considers the following the best remedy for chronic gastritis:

R Powdered hydrastis,
Powdered columbo,
Powdered ginger,
Bismuth subnitrate aa $\mathfrak{z}\text{i}$,
Magnesium carbonate $\mathfrak{z}\text{iv}$.

M. Sig. Dose one-half to one teaspoonful in about two ounces of water after each meal, and in bad cases every three hours. When the gastric acidity is extreme add four ounces of sodium bicarbonate to the above.

Dr. Annie K. Bailey claims oil of hyssop in 5-drop doses three times a day is a positive cure for any disease in flesh caused by filthy humors, as leprosy, scrofula, syphilis, cancerous conditions, etc.

Dr. C. M. Neldon, of Coshocton, O. (Medical Brief, October, 1904, p. 880), cures croup in 20 to 30 minutes by putting two drachms of the third decimal potency of kali muriaticum in four ounces of water and two drachms of the decimal potency of ferrum phosphoricum in four ounces of water and giving a teaspoonful alternately every five minutes. It is claimed that half a drop of croton oil given every hour until it acts freely as a purgative never fails to cure tonsillitis.

A good remedy for the itch is as follows:

R Soft water, 12 oz.,
Pulverized sulphur, 2 drachms,
Specific staphisagria, $\frac{1}{2}$ oz.,
Glycerin, 4 oz.

M. Sig. Apply twice a day and use a hot soap bath every third night, with a change of bedding and underclothing.

A good remedy for many cases of amenorrhoea and dysmenorrhoea is as follows:

R Fld. ext. cimicifuga,
Fld. ext. mistletoe aa $\mathfrak{z}\text{iv}$,

Fld. ext. cottonroot,
 Fld. ext. motherwort aa $\bar{3}i$,
 Simple syrup q. s. $\bar{3}vi$.

Dose one teaspoonful three or four times a day. Another good prescription for the same purpose is as follows:

R Fld. ext. cimicifuga,
 Fld. ext. mistletoe,
 Fld. ext. dioscorea aa $\bar{5}iv$,
 Fld. ext. cottonroot,
 Fld. ext. leonurus aa $\bar{3}i$,
 Simple syrup q. s. $\bar{3}vi$.

Sig. Dose one teaspoonful every three or four hours. I am well acquainted with a physician who uses the following compound with good results:

R Fld. ext. macrotys,
 Fld. ext. ergot aa $\bar{5}v$,
 Fld. ext. gossypium $\bar{3}i$,
 Simple elixir q. s. $\bar{3}iv$.

Sig. Dose one teaspoonful three or four times a day. *Verbena hastata* has gained some reputation in the treatment of epilepsy and so has mistletoe, as both of these remedies are emenagogues and when used together should prove to be of value in menstrual epilepsy. A combination of saw palmetto and damiana should be of value in infantile uteri and other undeveloped conditions of the female sexual organs such as undeveloped breasts, etc. This compound would, no doubt, remedy many menstrual difficulties of young girls who have just reached puberty.

An infusion of common oats (*avena*) has been used with good results in vomiting of pregnancy and so has the fluid extract of *adru* (*cyperius*). No doubt but what the two remedies combined would give good results in most all cases.

A combination of the third decimal trituration of *natrum sulphuricum* *chlidonium* and *myrica* make a good combination for the liver. The Homeopaths use this combination. The value of elixir lactated pepsin should not be lost sight of as a base for various remedies. I once knew a very successful physician who had a very large practice that considered elixir lactated pepsin a very important remedy.

A combination of pepsin and *hydrastis* will relieve most stomach troubles, especially distress caused by eating and an irritable condition of the stomach which is present in many acute and chronic diseases. Pepsin is a remedy that many physicians claim is over-estimated, and likely it is; but what remedy is not over-estimated by many physicians? It is a well-established fact that pepsin is a very important remedy, and it will no doubt be used for all time to come.

Nervines are a class of remedies that should be used more than what they are. *Cypripedium* is a very important nervine. The best substitute for it is *scutellaria*, or *valerian*, and next would likely be *avena*, and then likely *verbena hastata* and *mistletoe*. These are remedies that should receive more study as they are very important in general practice.

Alma, Arkansas.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The Second Row in My Medicine Case.

NO. VII. POTASSII BROMIDUM—BROMIDE OF POTASSIUM.

This salt exerts an influence throughout the body, but its chief action is on the nervous system. It lessens the rapidity of the flow of ideas, and causes somnolence. The sleep resulting from its administration is of a dull and heavy character, not refreshing, and does not occur when there is severe pain, or much mental anxiety or grief. The bromide of potassium depresses the motor areas and diminishes the reflex excitability of the spinal cord, and thus causes marked depression in muscular activity. Full doses cause respiration to become slower and more shallow, owing to slight depression of the respiratory center. It also depresses the circulation, causing the pulse to become slower, softer and weaker. The long continued use of the drug causes anesthesia of the bladder, skin and mucous surfaces.

The bromide of potassium is eliminated chiefly by the kidneys, although there is a certain amount of elimination by means of the saliva, intestinal and mammary glands and bronchial mucous membrane. Notwithstanding the various ways in which rapid elimination of the drug takes place, however, under prolonged administration it tends to accumulate in the system, especially in the blood.

The bromide of potassium is useful as a means of allaying excessive brain activity, and in sleeplessness dependent upon nervous excitement it is an efficient remedy. In headache caused by cerebral congestion it exerts a soothing influence, and in epilepsy it is used with some success, but in the latter affection it is inferior to the bromide of ammonium. In infantile convulsions the bromide of potassium is deemed an efficient remedial agent, and it is used with benefit in disturbances due to irritation of the dental nerve. Its corrective influence is manifested in all conditions resulting from increased reflex excitability, and it is, therefore, an indicated medicament in the disturbances of the menopause, and it is also of value in

spasmodic asthma, laryngismus stridulus, whooping cough and other coughs of reflex origin.

Bromide of potassium is sedative to the nervous system. In large doses it is an irritant to mucous surfaces. Its long continued exhibition is liable to cause toxic symptoms, such as skin eruptions, catarrh of the mucous membranes, loss of appetite, diarrhoea, emaciation and slight psychic disorder. Its excessive use impairs the nutrition of the brain and nerve centers.

INDICATIONS.—Sleeplessness and nervousness due to nervous irritation; unnatural excitement of the sexual organs; epilepsy, with irritation of the sexual organs; delirium of acute diseases when there is muscular tremor; cholera infantum, with great restlessness and sleeplessness; neurasthenia; spasmodic affections, puerperal eclampsia and infantile convulsions; vomiting of pregnancy and hysterical uterine cramps; nocturnal spasmodic coughs and whooping-cough; sexual irritability, with too frequent erections and too frequent emissions.

DOSE.—5 to 20 grains.

USUAL DOSE.—1 grain for each year of age of patient up to twenty may be given, but from 2 to 10 grains is usually a sufficient dose for adults. It should be given largely diluted with water. The dose may be repeated every hour if necessary.

The Indicated Remedy.

In reading the Eclectic journals which monthly come to my desk I often find articles in which the writers assert with great positiveness the therapeutic value of certain drugs in certain pathological conditions, and yet when a writer speaks of his manner of employing the remedy to which he has glowingly referred, it is sometimes discovered that he has always prescribed it in combination with one, two or more drugs which are known to have an action very similar to the one so highly praised. Under such circumstances how can it be possible for the practitioner to *know* which of the remedial agents employed gave him the beneficial results claimed?

As every experienced physician knows, there are times when it is absolutely necessary to employ combinations, but a distinct indication for each drug entering a combination of remedies should always be clearly manifested, and no two remedies having a markedly similar action should be used at the same time.

The absurdity of calling such prescribing specific medication is forcibly pointed out by Dr. Bishop McMillan in a recent number of *Ellingwood's Therapeutist*. In part the doctor says:

"There should be a definite limitation placed on the term 'specific medication.' There are many articles in the Eclectic journals praising specific diagnosis and specific medication which do our cause harm. For a physician to speak of specific indications for remedies, and then write out a formula of from three to eight remedies, forming a 'shotgun' compound, and calling it specific medication, causes

our 'regular compound friend' to smile. It weakens our cause and shows ignorance of the principles taught by the late Dr. Scudder, the founder of this most rational therapeutic method. The word specific is intended to mean single and not compound selection. There are times when two remedies may be dispensed in one bottle, and there be a distinct reason for their selection—a distinct indication met by each and intelligently filled with a compound of the two remedies, but as a rule the third thing put into the bottle should be the cork. Every physician is sometimes compelled to use compounds. Many compounds are used to meet a specific indication and are excellent, meeting and relieving the patient promptly. But which of the remedies did the work? We should give this careful after-thought, and try to determine and give credit where it is due, and save the patient the taking of the other drugs not needed in the case. Reflection will show that it is usually ignorance of a single remedy to meet the indication when we use compounds. If we would always bear this in mind, it would be a great incentive to the study of specific medication and a saving of money.

"The user of compounds causes the patient to pay for much superfluous medicine. Single remedies specifically selected save many dollars to be used for other comforts of life, and makes the taking of medicine more pleasant for our patients. In our efforts at diagnosis we consider the patient as a whole, then by eliminating symptom after symptom, we narrow our study of the case to a few conditions and the complications existing. Now by differential diagnosis we arrive at a definite group of symptoms which we can name as the disease to be treated. This same process of elimination of remedies after the diagnosis has been made is specific medication. It gives our patient the benefit of our skill in the study of therapeutics. The prescriber of compounds denies to his patient this distinct study of individual qualities of drug action. The reason why one of several remedies with similar action should be selected over the others for the case in hand is plainly seen. The formula may be good, but it falls short of these finer distinctions which specific diagnosis gives. To be very careful in diagnosis and then prescribe a compound is only using half our skill. The same care should be exercised in single drug selections that we give in differential diagnosis. Every Eclectic uses compounds. We have to do it because of our ignorance of a single remedy to meet every symptom of disease. Specific medication is still in its infancy and is incomplete, we do not know it all but should be willing to learn. The greater our knowledge of single drug action, the fewer compounds we will use. Proprietary medical compounds are sold because of the demand for them. If the profession would learn better how to use single remedies, the drug trade would furnish them as readily. They recognize our defects in study and our lack of faith in drug action and try to fill this long felt want. The editors of our journals on Eclecticism should return for correction

all articles for publication on specific medication which consider compounds of several drugs. Let us look to the advertisers for this, while our writers on specific medication should describe single remedies, comparing them with other similar remedies and pointing out diseased conditions over which they have the most direct action and are reliable means of cure."

Hydrastis.

The keynote for hydrastis is atony of the mucous surface, with free or excessive secretion. Thus it proves valuable in gastric irritation, with atony; in gastro-intestinal and biliary catarrh, chronic duodenitis, gastric ulcer, cancer of the stomach, atonic dyspepsia, aphthous sore mouth, obstinate constipation, and internally and locally in catarrhal conditions of the nose and throat and genito-urinal tract. It is one of the best of agents in gonorrhoea—the more chronic the case the better it acts. Hydrastis is also a useful remedy in passive hemorrhages, being especially of value in menorrhagia. Briefly, the indications for hydrastis are: Catarrhal conditions of the mucous membranes unaccompanied by acute inflammation (except in acute purulent otitis media); relaxed tissues, with profuse secretion of thick and tenacious yellowish or greenish-yellow mucus; relaxation of tissues of mouth and throat; aphthae, ulceration or erosion of mucous surfaces; imperfect recovery from diarrhoea or dysentery, with mucous discharges and relaxation; gastric irritability; irritation of mucous surfaces with feeble circulation; muscular tenderness and soreness, aggravated by pressure or motion; passive hemorrhages from pelvic organs; ice-water dyspepsia; and skin diseases, depending upon gastric wrongs which also indicate hydrastis.—*Eclectic Medical Gleaner*.

Barii Chloridum—Chloride of Barium.

The chloride of barium is a very efficient remedy in all cases in which there is an irregular circulation and an abnormal distribution of blood. In the vasomotor paralysis which sometimes occurs in infectious diseases it is a useful agent. Its action promptly reduces the heart's action and causes a greater quantity of blood to be circulated. The chloride of barium acts as a tonic, stimulates the reflexes, and assists the heart in bearing its burden. It increases the blood-pressure, and at the same time reduces the frequency of the pulse. Its effects are apparent in from two to three hours' time, showing that the salt is rapidly absorbed.

Indications for the chloride of barium are frequently seen in pneumonia, typhoid fever, and other abnormal conditions.

The barium salts are powerful poisons, and great caution should be exercised in their employment.

INDICATIONS.—Scrofulous indurations of the cervical glands and tonsils; hypertrophy of connective tissue of glands; locomotor ataxia;

sensitiveness to cold; scanty menstruation; weakened cardiac action; dirty, inelastic skin; enlarged lymphatics; feeble respiration.

DOSE.—1/10 to 1/12 of a grain. It may be administered in the 1-100 of a grain of the 3x trituration, or a teaspoonful of a 5 per cent. solution may be given every two to four hours.

Euphorbia Pilulifera—Snakeweed.

This agent constitutes a superior medicament in colds, coughs, asthma and all abnormal conditions of the respiratory organs. Its effects on patients suffering from asthma are marked and prompt, and afford much relief in a very short time. The dried leaves are sometimes smoked by these patients with most satisfactory and prolonged results.

Euphorbia pilulifera is tonic, antispasmodic, anodyne, and, in large doses, narcotic. In very large doses it sometimes causes giddy sensations.

INDICATIONS.—Paroxysmal, teasing cough, with nocturnal fits of asthma; tightness of the chest with difficult breathing; asthma; shortness of breath which is worse at night; labored breathing accompanied with cough; chronic bronchitis and emphysema; severe spasmodic cough; distressing cough with copious expectoration; chronic bronchitis with asthma; distressing cough of phthisis.

DOSE.—Fluid extract, 10 to 60 drops; infusion, wineglassful three times a day. The infusion is made by adding one ounce of the dried stalks and leaves to two quarts of water and boiling down gently to one quart. The following is a favorite prescription: \mathcal{R} Euphorbia pilul, fl. ext., \mathfrak{z} i, Syr. simp., \mathfrak{z} ii. M. Sig. Teaspoonful four times a day.

USUAL DOSE.—Fluid extract, 10 to 20 drops every two to four hours.

Euphorbia Ipecacuanha—Wild Ipecac.

In small doses this agent is a useful remedy in all diseases involving the gastro-intestinal mucous surfaces. When employed in large doses great caution should be exercised as it is said to have caused alarming hypercatharsis.

Euphorbia ipecacuanha is diaphoretic, expectorant, emetic and cathartic.

INDICATIONS.—Diarrhoea and dysentery when the evacuations are large and accompanied by tenesmic pain; cholera morbus and cholera infantum; persistent gastric irritation; dropsical conditions when the mucous surfaces are irritated; aphthous conditions associated with diarrhoea and vomiting; diarrhoea of phthisis; gastric and intestinal indigestion; bilious colic.

DOSE.—Fluid extract, 5 to 10 drops; specific medicine, 1 to 10 drops.

USUAL PRESCRIPTION.— \mathcal{R} Euphorbia ipecac., gtt. v to x, water \mathfrak{z} iv. M. Sig. Dose one teaspoonful every one or two hours.

Epilobium Augustifolium—Willow Herb.

This agent exerts a specific influence upon the intestinal mucous membrane, relieving irritation, and promoting normal function. It is, therefore, a good remedy in acute diarrhoea, dysentery and colic.

'I have prescribed epilobium to quiet the irritation and check the diarrhoea in typhoid fever, with marked benefit.

"It is especially valuable, however, in chronic diarrhoea and dysentery; sometimes effecting cures where all other means had failed. Thus, I employed it extensively in the treatment of the chronic diarrhoea during the civil war, and with a success not to be obtained from other remedies. I do not pretend to account for its action, but its curative influence is well established." (Scudder.)

Epilobium augustifolium is tonic, astringent, demulcent and emollient.

INDICATIONS.—Diarrhoea of a watery character; diarrhoea with colicky pain; feculent discharges with tenesmus; chronic diarrhoea, with harsh, dirty appearing and contracted skin; cholera infantum, with greenish discharges; diarrhoea of typhoid fever.

DOSE.—Fluid extract, 10 to 60 drops; specific medicine, 5 to 60 drops.

USUAL DOSE.—10 to 20 drops.

Euphorbia Corollata—Milkweed.

Milkweed exercises a direct influence upon the mucous surfaces, relieving irritation and promoting functional activity. In small doses it improves digestion, both stomachic and intestinal, and tends to overcome constipation and irregularity of the bowels. In inflammatory conditions of the intestinal canal it is a very efficient remedy.

Euphorbia corollata is diaphoretic, expectorant, cathartic, emetic, and epispastic. In very large doses it causes inflammation of mucous membranes and prostration.

INDICATIONS.—Bloody stools with tenesmus; colliquative diarrhoea of typhoid fever and consumption; profuse watery diarrhoea and profuse watery vomiting; debility of mucous tissues: constipation and irregularity of the bowels.

DOSE.—Fluid extract, 5 to 10 drops; specific medicine, 1 to 10 drops.

USUAL PRESCRIPTION.—R *Euphorbia corollata*, gtt. x to xx, water, ℥iv. M. Sig. Dose one teaspoonful every hour.

Euphorbia Hypericifolia—Large Spotted Spurge.

This is one of our most valuable remedies in cholera infantum. It is also an efficient remedial agent in mucous enteritis, irritant diarrhoea and dysentery.

Euphorbia hypericifolia is astringent, tonic and, in very large doses, slightly narcotic.

INDICATIONS.—Intestinal irritation of infants; diarrhoea when the discharges are greenish and irritating; vertigo with constipation; menorrhagia from debility.

DOSE.—Fluid extract, 1 to 3 drops; specific medicine, 1 to 2 drops.

USUAL PRESCRIPTION.—*R* Euphorbia hypericifolia, gtt. x to xx, water, \mathfrak{z} iv. *M. Sig.* Dose one teaspoonful every hour.

Selections

The Pathology and Treatment of Hay Fever.

One of the most striking pathological features of this malady is a turgescence of the turbinal tissues due to extensive dilatation of the capillaries. That this is the result of an angioneurosis, involving a more or less pronounced local vaso-motor paralysis, is pretty generally conceded.

In the treatment of hay fever with Adrenalin Chloride it has been suggested that weak solutions, frequently applied, are apt to yield better results than the occasional applications of strong solutions. The application of the solution of Adrenalin Chloride stimulates the vaso-motor supply, resulting in a contraction of the capillaries. Overstimulation, by reaction, is very sure to result in a complete paralysis of the vaso-motor supply in the region affected. On the other hand, gentle stimulation with weak solutions is not so likely to be followed by a reaction.

Solution Adrenalin Chloride (1:1000) may be diluted with normal salt solution and sprayed into the nares and pharynx.

Adrenalin Inhalant may be preferred to the aqueous solution, for obvious reasons. This product contains one part of Adrenalin Chloride in one thousand parts of an aromatized neutral oil base, with 3% Chloretone. It is vaporized by means of a nebulizer.

Adrenalin ointment may be applied to the turgescient nasal mucosa by means of a cotton applicator. Henry Guy Carleton (*Therapeutic Gazette*, June, 1907) says that "Relief can be accomplished more quickly by smearing one or two minims of ointment containing 1:1000 of Adrenalin between the brows and half-way down the side of the nose than by the inunction and spraying of the nasal mucosa." The *modus operandi* is explained as follows:

"The effect is to allay the irritation of the supraorbital, supratrochlear, and infratrochlear and frontal nerves, and the superior and inferior nasal, the nasal rami of the superior maxillary, and the nasopalatine nerves, all of which are involved in a severe attack. Those rami in the posterior nares which may be affected will be relieved simultaneously, exactly as all branches of the supraorbital affected in a supraorbital neuralgia are relieved when an application of Adrenalin Ointment is applied only to the supraorbital foramen."

Messrs Parke, Davis & Co. issue a brochure on the treatment

of hay fever, which will be sent gratis to any medical man upon request. We suggest to our readers that they send for the brochure, as hay fever is an exceedingly interesting and timely subject.

What is the Moral of this Incident?

Dr. X enjoys the largest general practice uptown. His large automobile is always on the go. He paid me a visit this afternoon. He was in the neighborhood, he said, and he thought he would drop in and make the acquaintance of the editor of the "brightest and most interesting medical journal published." He evinced some interest in the environment of the C. & G. office. He noticed a large number—over two hundred—of different journals of the current year, neatly arranged in piles. "You read all of them?" "Yes." "Where do you get the time?" "You can get the time for anything if you really want to." "Well, I can't. All I read is the J. A. M. A. and the Critic and Guide. I think they are the best journals published. And you and Dr. Simmons deserve a great deal of credit for the work you are doing with reference to patent medicines and proprietary nostrums. Great work. Time the physician's eyes were opened." Here he coughed and continued: "Would you please let me have a swallow of water. I have a little cold." The office boy brought a glass of water. Dr. X took out a tablet from a box in his vest-pocket and swallowed it, washing it down with the water. The tablet was an antikamnia and codeine tablet.

I said nothing.

A life subscription to the reader who will point out the best moral of this incident.—From the Critic and Guide, May, 1907.

Items

The National at Los Angeles was a great success. Pity that more of the eastern men could not attend.

The dip in "my Pacific Ocean" was refreshing and enjoyed by many members of the National.

Never were the members of the National more cordially received or more hospitably entertained. They are big-hearted fellows, those Southern Californian Eclectics.

Aletris cordialrio is an efficient uterine tonic and restorative, and is a preparation for which nothing can be substituted.

The Far East was represented at the National by Drs. Glenn and Sloan, from Pennsylvania; Dr. Howes, of Massachusetts; Dr. Willis, of N. J., and Drs. King, Lowe, Stoesser, Best and Boskowitz, of New York.

Sal hepatica has been found specially serviceable as a safe laxative and eliminant of irritating toxins resulting from fermentation or decomposition of food in inflammatory conditions of the bowels, affording prompt relief in stomachic and intestinal indigestion, colic, acute or summer diarrhea of either adults or children. It is remarkably free from any griping tendency, owing to its antacid and soothing properties.

Bristol-Myers Co., 277 Greene Ave., Brooklyn, N. Y., the manufacturers, offer to send liberal samples to physicians, upon request.

Send for catalog of the Eclectic Medical College of the City of New York, 239 E. 14th street, or send the names and addresses of the high school graduates in your town and we will send them our catalog.

A Blend of Harmonizing Drugs.

The above condition has been fulfilled in Sanmetto—its ingredients harmonize, forming a most perfect blend of the santal and saw palmetto with soothing demulcents and well chosen aromatics, resulting in a soothing, healing and restorative remedy for the diseased genito-urinary economy, at once efficient, and adapted alone or in combination with other drugs.

It's a case of ask the man for what you want, in Victoria, or you don't get it.

We missed Ellingwood and the tall men from Texas at the meeting.

You can't pickle John Dill. He was here, there and everywhere, with plenty of energy and ideas.

If you want to know if we had a good time on the trip, ask New Jersey's smiling representative.

Our thanks are due P. E. Howes for having used so much good judgment in the arrangement of the trip.

Prof. John Uri Lloyd's interesting illustrated lecture on the Orient was most instructive and entertaining. The professor is a tower of strength to Eclecticism.

There was always a profusion of beautiful flowers on the officers' desks during this meeting of the National.

How they laughed when "Papa" appeared in a bathing suit, and Papa laughed with them.

The passageway was blocked while Prince Henry was hunting for his Sal——.

Our apprehensive companion was the *Best* traveler after all.

No mountain path too steep or too lonely for the Pennsylvania delegation to climb.

Dr. F. H. Barnes and wife, of Stamford, Conn., took the trip with us and were most agreeable companions. The doctor proved himself a fine equestrian.

"Who's got me poipe?"

"Oh! It's beautiful. I'd love to stay here." So exclaimed G. I. T. at every place we stopped.

The only complaint we had to make on the entire trip was the service on the Canadian Pacific. It beggars description.

The book reviews have been crowded from this number, and will appear in the August issue.

Each meeting of the National proves the great value of the advisory committee. It saved this meeting both time and annoyance. It proved a safety valve.

Everyone was keenly disappointed when Dr. King declined a renomination.

Dr. Theo D. Adlerman is now located at 608 Eastern Parkway, Brooklyn, N. Y.

Henry Reny, Ph. G., M. D., Biddeford, Me., and Herschel Napoleon Waite, M. D., Johnson, Vt., leading practitioners of New England, received the A. M. of Potomac University in June. Dr. Waite graduated at the Eclectic Medical College of the City of New York, in 1882; and Dr. Reny at the Eclectic Medical School of Maine, in 1885.

Dr. Frederick Wallace Abbott, Taunton, Mass. who, as regards continuous service, is senior censor of the Eclectic Medical College of the City of New York, has the LL.D., and is a member of the board of trustees, of Potomac.

The *Golden Cross Journal*, the official organ of the United Order of the Golden Cross, says, in last month's number: "At a meeting in New Dom Hotel, Hartford, Conn., May 15, 1907, adjourned from its 42d annual meeting, Preble House, Portland, Me., May 11, 1907, the Maine Eclectic Medical Society elected the first time in its existence of nearly half a century, a woman president, this signal honor being unanimously given Sylvina Apphia Abbott, Sc. D., M. D., Financial Keeper of Records of Taunton Commandery, No. 74, Taunton, Mass."

Dr. Abbott is the wife of Frederick Wallace Abbott, Ph. D., M.D., LL.D.

Report on Twenty-nine Cases Treated with Betul-ol.

BY KARL H. GOLDSTONE, M. D., NEW YORK.

"Twenty-nine cases were treated in my service at the outpatient department of Harlem (City) Hospital. Each patient (all of them women) used applications of betul-ol and cases III, IX, XI, XII, XVI, XVIII, XXIV, XXIX, received colchi-sal internally in addition. The directions were as follows:

"Two drachms of betul-ol (enough for four rubbings) were given each time the patients applied for treatment, and they were told to rub it thoroughly into the skin over the parts affected, after having bathed the skin with soap and warm water. In the more acutely inflamed cases, the betul-ol was applied without friction on a flannel cloth. The cases that were given colchi-sal took one capsule every half hour for the first six hours, and one every hour thereafter until sixteen were taken during a day.

"In conclusion, I will add that not only in my service have I obtained excellent results from the use of these two preparations, but my colleagues in the above-named institution have also assured me of the success they attained with these forms of salicylates." (See tables)—*International Therapeutics*, May, 1906.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. X.

NEW YORK, AUGUST 15, 1907.

No. 8.

College Announcement.

In this number will be found a short outline of the College course for 1907 and 1908, and the complete catalogue will be sent on application.

It will prove of interest to Alumni and friends of the school. In it they will note many changes, additions to the teaching force, laboratories and clinical facilities; also a thorough re-arrangement of the curriculum, which we feel sure will be to the students' advantage.

Our class rooms have also been re-arranged, so that the laboratories are all now on one floor.

We sincerely hope that the Eclectic practitioners will see to it that the school does not lack students. We have the facilities and accommodation for 100 students, and if you believe in the principles of Eclecticism, make an honest effort to do your part in securing this number. See that a catalogue of the college is placed in the hands of every high school graduate in your town.

Vicarious Menstruation.

One frequently sees in current medical literature articles referring to gastric hemorrhage in young women. It cannot be doubted that in many cases the authors are correct in their diagnosis, and that the bleeding is a result of some disease of the stomach. On reading a recent report, however, of a case of hemorrhage which at first was thought to indicate serious disease of the stomach, but which was later quite clearly shown to be a case of vicarious menstruation, the thought was suggested that it might be possible that sufficient care was not always exercised in the diagnosis of vicarious menstruation.

The patient referred to in the report—a woman twenty-five years of age—was suddenly attacked with severe hemorrhage from the stomach, and treated for gastric hemorrhage. The history of the case, however, afforded an abundance of evidence of the fact that the patient had previously been in perfect health in every respect until a

few days before the attack and at the commencement of menstruation, when she had become chilled by exposure to cold and damp weather. The medical attendant, on learning this fact, changed his diagnosis to vicarious menstruation and treated the case accordingly. The woman completely recovered, and at the time the report was written, which was two years after the hemorrhage, she had not shown any evidence of disease of the stomach, and there had been no return of the hemorrhagic conditions.

J. W. F.

Anent "New" Discoveries.

Dear Editor of the *Eclectic Review*:

In the July number of the *Review* I note a short article that leads me to send this commentary. Your very acute associate J. W. F. points to a "discovery" attributed to a certain Professor Hufeland. I presume not the worthy gentleman of similar patronymic who flourished early in the last century, as the announcement seems to imply the present existence of the "discoverer" in a state of useful activity, which on examination proves to be a case of "history repeating itself." I can heartily bear record in confirmation of what J. W. F. says regarding the early employment of belladonna in scarlatina. When a young fellow I lived in the family of a New York physician, Dr. Henry Guernsey, who was fairly well known in the city forty-five years ago. Prior to that he had had a large experience in scarlatina and claimed a better knowledge of its treatment than most of the "faculty." It is about forty years ago that he one day exhibited to me a manuscript of a pamphlet on that dreaded disease, and asked me to look over it and make such corrections in phraseology as I thought expedient. In this pamphlet was a page or two devoted to an earnest recommendation of belladonna as a prophylactic, and my recollection is that Guernsey was quite enthusiastic in his views of it. I do not remember a reference to his source of information regarding this use of belladonna, but know that he was a man of liberal tone in his medical opinions and ready to see the value of any form or principle of treatment that might be suggested to him, no matter what might be the "school" in which it found its being. Loomis, you know, in his "Text Book," accords scant attention to belladonna, mentioning it as without power to prevent the development of scarlatina or interfere with the severity of the fever. As a rule, Dr. Loomis in the treatment of the exanthemata insists more on hygienic and sanitary procedures than in the administration of drugs.

As regards new "discoveries" of important remedies of which we hear today I have been often amused by receiving suggestions to try this or that; the good doctor who so kindly would enlighten me being perfectly sincere in his generous consideration and as

perfectly ignorant of the fact that in King, Scudder, Bennett and others of whom perhaps he had never heard, the therapy of his discovery had long ago been recorded. I need only mention in this connection, aconite, veratrum, dioscorea, macrotys, to awaken amusing reminiscences on the part of the reader.

Let me say a closing word about calcium sulphide. Lately I prescribed it in a family where the children had been exposed to measles—in the familiarity of play—now, after three weeks, there has been no sign of the infection, to the great satisfaction of the mother who had expected the almost certain appearance of the disease in her little brood.

H. S. DRAYTON.

Glyconda.

The attention of the reader is called to the advertisement of Glyconda, which is simply a trade name for the neutralizing cordial which is now being made by the Lloyd Bros., with the sugar eliminated. The New York Specific Medication Club some time ago appointed a committee with this object in view. Dr. Schaeffer read a most interesting paper on the subject, which was followed by an exhaustive discussion, and the one objection which was raised to the preparation was the amount of sugar it contained. All agreed that if the sugar could be eliminated and its other properties preserved, it would be a perfect preparation. After much correspondence and experimentation the committee, through its chairman, Dr. W. L. Heeve, appealed to Lloyd Bros., and as a result they present us to-day with Glyconda or a concentrated neutralizing mixture with the sugar eliminated.

Original Articles

Certainties in Medicine.

BY LYMAN WATKINS, M. D.

Read at the annual meeting of the Eclectic Medical Society of the State of Pennsylvania.

When we come to investigate the subject, it cannot be denied that we have remedies upon which we may depend for results with as much certainty as ever befalls vacillating human conditions. Even the extreme medical nihilist will concede that there are certain drugs from which we may confidently expect action. For instance, no fact is so well known or as generally accepted, both by the profession and the people as that castor oil is a cathartic. This agent is used very largely, although somewhat indiscriminately, by all, in almost every clime and by every race. We administer castor oil when we desire an easy, unirritating alvine discharge and a constipating reaction. Time would fail me and exhaust your patience to repeat the well known conditions calling

for castor oil in dysentery, in typhoid fever, gastric and intestinal disorders, in the affections of infancy and in many conditions of constipation and alimentary pain. However, *oleum ricini*, just ordinary castor oil, may be regarded as a certainty in medicine.

Sulphate of magnesia, another certainty widely known everywhere and used both alone and in combination, is a most valuable drug. Whole volumes have been written upon the action of this one remedy. Sulphate of magnesia is a hydragogue, cathartic, and rarely fails to produce results. Whenever a brisk large watery discharge from the bowels is indicated, sulphate of magnesia may be given. No other remedy will so quickly pass onward the load of an engorged stomach or arouse dormant intestines to thorough action. The 'next morning' headache and dark brown taste can be readily eliminated by an effervescent preparation of magnesia sulphate. The many different uses for this medicine in surgery, in obstetrics and in practice where its certain action is implicitly relied upon, cannot be repeated at this time nor is it necessary, because its therapeutics is well known both to professionals and non-professionals. This remedy may surely be classed as a certainty in medicine.

The statement that morphia is almost universally relied upon to relieve pain will certainly not arouse the ire of the medical nihilist. Yet this agent is a drug and one with which we could hardly, at times, dispense. While we stand ready to admit that this remedy may be too frequently used and cause disastrous results, still there are few other agents that will bring such blessed relief to those who are the victims of agonizing and incurable diseases and in cases in which the only aid we can offer is relief from pain.

Quinine is a certainty in malarial conditions and although it may occasionally fail this may be rather the fault of the physician than the drug. Any remedy is uncertain if used improperly. Quinine is one of the factors of colonization and civilization. The conquest of malarial countries would be impossible if it were not for this drug (at least until the *anopheles* is exterminated). Quinine helped to populate and cultivate the soils of Indiana and Illinois in the days of early settlement and is now the constant side partner of the foreigner in Panama and Luzon.

Alcohol as a stimulant is a certainty, ether, chloroform, cocaine and anesthetics, general and local, are all certainties and our nihilistic friends, the surgeons, would throw up their hands in despair if deprived of these agents. Still these preparations are drugs and their use so popular and necessary that they completely contradict the statement of "nothing in drugs." There are no medical nihilists, they are laboring under a delusion, and no louder wail would be heard than from these very nihilists, if all drugs were to be destroyed or banished. The medical nihilist has no use for the medicines of the other fellow but his pet drugs are a necessity.

Whenever one of these gives the baby a dose of paregoric for the colic he shows his belief in drugs, and, in fact, a belief in the efficacy of medicine is a part of the education of the race. But passing from the domain of these well-known remedies, each of which is a standing rebuke to medical nihilism, let us extend our investigations farther and see if there are not other certainties in medicine besides these remedies aforesaid which are known and generally accepted.

Every remedy has its indications and, if results are to be obtained, must be administered in accordance with, and for special conditions. For instance aconite is a sedative when the pulse is small and frequent and the temperature of the body elevated. It does not matter what the disease, aconite is a certainty with these indications and only then. Aconite may be called for in a large number of morbid conditions and is especially the child's remedy.

Another certainty is asclepias. It is indicated in deficient secretion from the skin as a diuretic and in pulmonary irritation. As a diaphoretic it has no excessive action, but increases insensible perspiration and is a good companion for aconite. We find the field for asclepias to be pulmonary irritation and use it with confidence in pneumonia, pleurisy and capillary bronchitis. In pleurisy it may be combined with bryonia and aconite if these are indicated. There is also a useful place for this drug in combination with drosera in the cough sequela of measles. Asclepias is not a pain reliever, such as opium or chloral, but, in pleurisy, by removing the cause of irritation, it acts as such. Asclepias has a limited field but in its sphere it can be regarded as reliable.

Theories are all right and necessary in their place, but what the active practitioner wants is something he can use at the bedside of his patient.

Bryonia never fails to give the anticipated results when indicated, and the indications are pain and inflammation in serous membranes. Pain in serous membranes is the one essential for bryonia. At a glance we can see the large number of conditions which call for this remedy. Pleuritis, synovitis, peritonitis, pericarditis, meningitis and arthritis may be relieved by bryonia. If we do not obtain results it is not the fault of the remedy, but rather due to an insufficient realization of the pathological state.

Cactus is another certainty. Cactus is a heart remedy but not a drug that will cure organic heart disease. Here the statement may be made that many good medicines are brought into disrepute by over praise and, in the case of cactus some of its over-enthusiastic friends have lauded this remedy beyond reason and many who have tried it have been disappointed. Like all specifics cactus is adapted to certain conditions and it is only when we have the indications that we will obtain results. The field for cactus is that of nervous affections implicating the heart, such as reflex

palpitation, and excitable heart, a heart prone to run away with but little provocation, tobacco heart, cardiac palpitation of the menopause, irregular heart, and a heart the pulsation of which is abnormally slow. It requires but little thought to discover that nervous influences proceeding from the sympathetic and cardio-inhibitory centers is the field controlled by cactus.

Pulsatilla is an exact remedy when given in certain conditions. The indications are irregularity of the menstrual period, pain of a mild nature on pressure in the ovarian region, the patient is not anemic but inclined to adipose. The symptoms are those of a disturbed nervous system, groundless fears, hot flashes, melancholy and various hysterical manifestations, especially those coming on during the menopause. But not all nervous phenomena are confined to the female sex and some men are just as hysterical as ever a woman can hope to be. Pulsatilla is a good remedy for men who overwork and who are prone to regard their afflictions with much needless concern, they are unnecessarily alarmed in regard to their physical condition, although otherwise of strong mind. Pulsatilla is a fine remedy for this diathesis and will bring comfort both to the patient and to the physician.

Podophyllin gives its best results in small doses. It is a powerful remedy and a useful one when indicated. One word "sluggishness" will answer for the indications. Sluggish bowels, sluggish liver, sluggish skin, sluggish brain, and sluggish circulation all call for podophyllin. On the other hand, much harm may be done by administering this drug when inflammatory conditions are present, when the intestinal tract is irritable, or when the liver is overactive. But when the stools are light colored, the urine high colored, the skin jaundiced, the pulse slow and the mind dull, podophyllin will act like a charm in relieving the patient. In these cases we give podophyllin 1-6 gr. pill three times daily for two or three days, then expedite matters with magnesia sulph. Podophyllin is adapted to that uncertain condition called "biliousness" which is, in fact, ptomaine infection caused by slow digestion and a good appetite, gratified without reason or judgment. These patients usually feel badly and are subject to headache, constipation, and sallow skin. What such patients really need is a course in dietetics and physical culture. However, pod. 1-10 gr. trit. once or twice daily will keep them feeling fairly well for a while and yet allow them to indulge in gastronomic excesses. In some eczematous eruptions, usually occurring upon a muddy skin and with a dirty yellow, pasty coat on the tongue, pod 1-10 gr. trit. three times a day will prove curative. The medicine acts by cleansing the intestinal canal and removing deleterious matter which is otherwise taken up and deposited in the skin. While we are inclined to think that we have better remedies for chronic constipation, yet, when the very young are habitually sluggish in the bowels, we find that

minute doses of podophyllin, about 1-100 gr. thrice daily, given regularly, will, in a few weeks help this condition. Podophyllin is a good remedy for habitual sick headache. Given in 1-10 gr. tab. and persisted in for a month or two.

Gelsemium. There is no uncertainty in regard to the action of gelsemium in active hyperaemia, especially when it is of the cerebral form. Some of the indications for specifics may have varied as time passed, but those for gelsemium still remain as at first, they are, eyes bright and suffused, flushed face, contracted pupils and increased heat of head; with these symptoms gelsemium can be trusted. Gelsemium is called for in a number of strictly nervous conditions and will afford prompt relief.

Chimaphilla is a good remedy in the cystic irritation of old men, the kind that causes them to arise frequently in the night for urination and the stream is slow in starting. There are two precautions to be regarded in giving this remedy, one is that the dose should be large, from a half to a teaspoonful of the specific medicine, the other that the preparation should be a year or more old. Why this is true is not clear, but experience teaches that old chimaphilla gives the best results.

Chionanthus in teaspoonful doses every three or four hours is a hepatic stimulant. Chionanthus will relieve jaundice of a functional rather than a structure origin. Chionanthus will not cure when there are organic lesions, causing obstructive jaundice, nor will it have any perceptible good results in cirrhosis of the liver. It is only in those cases where there is general apathy, drowsiness, constipation and dull pain in right hypochondrium that chionanthus will do good. Given in such cases it should be persisted in, in gradually increasing doses until results are obtained. Chionanthus will not cure all diseases of the liver. We sometimes expect too much from our remedies when in reality their field of usefulness is limited. If a remedy will do one thing well and do it every time, that is all we ought to ask.

Tr. oil cinnamon is a direct stimulant to vaso-constrictors and will check hemorrhage from nose, uterus, kidneys, or bowels, when given in small doses frequently repeated. This remedy has never been used as much as it deserves, mostly because it is such a common remedy that it is not regarded as of importance. Just as we often neglect our best friends, because they are always with us and reach out after something new and more glittering. A tea made of powdered cinnamon is frequently used as domestic remedy for hemorrhage, but just to what extent the medicine is used by the profession is not clear, to many its virtues are unknown. Tr. oil cinnamon is especially useful in post-partum hemorrhage. Capsella is a drug which has been recommended in menstruation when excessive both in frequency and volume. Such condition frequently occurs during the menopause and may be found at other

periods of menstrual life. The medicine is not an astringent and will not have much restraining influence while hemorrhage is in progress, but must be given in the inter-menstrual period. Immediate results are rare but after a considerable interval the condition gradually improves and gradually passes away. The capsella case is clear, the remedy efficient when indicated, but otherwise is of no value and like other specifics must not be condemned if it fails to cure all cases, for all cases are not capsella cases.

Collinsonia has been urged as a remedy for an affection of the larynx called minister's sore throat. But its field of usefulness is not confined to the ministerial profession. Collinsonia is adapted to that form of laryngitis coming up from cold and exposure and which is augmented by exercise of the vocal organs. We have not had much success in other morbid states with collinsonia and have found it of no benefit in laryngeal phthisis or any form of croup. This remedy was suggested by the late Prof. Scudder in the treatment of hemorrhoids, and an old woodman friend told me years since that stoneroot tea was good for piles. He had considerable success among his neighbors with whom he used this tea both internally and externally. But time would fail me to speak of all the certainties in specific medication. Hydrangea, iris, veratrum, phytolacca, staphysagria, lobelia, echinacea and a host of other reliable agents all crowd upon us and demand a hearing. We have a splendid and efficient materia medica. When a medical nihilist says that there are no real remedies for disease he is either ignorant or mistaken.

I confess that at times I have been persuaded to adopt new fads and to use agents the composition of which I did not know, but have always been disappointed and have returned to the specifics.

The alkaloidal craze seemed attractive to me for a little while, but after nearly killing a few of my patients with overdoses and allowing others to almost slip away by underdosing I tossed the whole business out the window and returned to medicines which I knew how to use. However attractive serums, vaccines and extracts of glands may appear, with few exceptions, I shy at them, and I feel that I can do as much with my remedies as can be done with any of these. My own specific remedies are familiar to me, I know how to use them and am not surprised by some untoward result or alarming condition arising from their use. I feel safe with them.

Blanchester, O.

In chronic bronchial cough, inveterate, long standing and irritating, piscidia is of great service.—*Summary.*

La Grippe.

BY P. J. STOFFER, M. D.

Read at the annual meeting of the Eclectic Medical Society of the State of Pennsylvania.

HISTORY.

Grippe or influenza is characterized by active catarrhal inflammation of the mucous membrane of the air-passages, attended by severe constitutional disturbances followed by great debility, sometimes continuing for several months. It has been recognized as a specific catarrhal disease since early in the 14th century (1323).

When Columbus landed in America in 1492 quite a number of his party succumbed to this epidemic, and later, in the seventeenth century, the Italians invented the term "Influenza," believing and attributing the disease to certain planets. The French call it the "Italian fever" and the "Spanish catarrh." La grippe is only one of the figurative terms used by the French to describe this disease; others are as follows: "Petite peste," "petit courrier," "grenade," "follette," "coquette," and "la generale." The Germans have their various descriptive names for la grippe, such as "blitz-catarrh" (lightning catarrh), "schafshusten" (sheep cough), "huehnerzirp" (crowing), "modefieber" (fashionable fever), and often called it the "Russian pest." The Russians called it the "Chinese catarrh." In the United States during President Jackson's day his opponents called the disease "Jackson's itch," and Tyler's opponents called it "Tyler's grippe;" later it was known as "sniffles," "influenza," and lastly "grippe" and "la grippe;" this latter name for it has secured the general endorsement and acceptance in all countries on account of its graphic suggestiveness.

SYMPTOMS.

Symptoms begin with marked chills lasting from two to four or six hours, followed with hot flashes and feverish skin, coryza, sneezing, fullness and soreness of the eyes, rawness of throat, hoarse cough, pain and soreness in chest, back, limbs and shoulders, severe headache, very restless, with marked fever.

The cough for the first two or three days is usually dry and stridulous, slight dyspnea, with hurried breathing; nausea, loss of appetite, vomiting, constipation, with foul white dirty tongue, are generally present. About the fourth day the symptoms become less prominent, and the secretions being established, the skin and kidneys more active; but the cough frequently continues severe and obstinate.

La grippe has many complications, all of which are of an inflammatory character of the throat and pharynx, severe gastric disorder of the stomach, bronchitis, specific or pleuro-pneumonia, tubercular phthisis, a form of pleuritis, rheumatism, often affecting the heart, and nervous fever. These complications often terminate fatally, which is not the case with the simple affection.

TREATMENT.

First of all I recommend good, free evacuations, and a warm stimulating bath each evening. I have used and regard the following as the most efficient sedative:

"Lloyd's"	Aconite.....	X	gtts.
"	Asclepias	LX	"
"	Macrotys	LX	"
"	Capsicum	X	"
	Aqua	IV	oz.

Sig. One teaspoonful every 30 to 60 minutes. If attended with aching, broken-bone feeling I have obtained very satisfactory results by adding to the above Lloyd's eupatorium perfoliatum lx to cxx. gtts. Where there is running of the nose, an acrid discharge, give rhus tox. v. to x. gtts. Of severe frontal pain and glary discharge complaining of tensive pain, with flushed right side of face, pain in head and forehead; give bryonia v. to x. gtts.; in case the discharge has a tinge of brown, and the mucous membrane has a tumid and dusky appearance, I would then give baptisia x. to xx. gtts. In case the face is pallid, nose swollen and lymphatic glands are enlarged, give phytolacca x. to xv. gtts. If mucous membrane is pallid, the discharge abundant and dirty, give chlorate potash to remove the putrescent odor; when there is a disposition to drowsiness, and dull pain in the head, belladonna v. to x. gtts. When the face is flushed and the eyes bright and suffused, give gelsemium v. to x. gtts. For raw and inflamed condition of the pharynx I would recommend a local application of chlorate of potash, salicylic acid, or boracic acid in solution of aqua and glycerine q. s., distributed with an atomizer.

Pittsburg, Pa.

The Menopause.

BY E. F. SHAULIS, M. D.

Read at the annual meeting of the Eclectic Medical Society of the State of Pennsylvania.

Between the ages of thirty and sixty years there is a change, in the reproductive organs of a woman, which produces a physiological commotion in the nervous system at the close of ovulation and menstruation. This period of involution in its way is analogous to that of evolution at the age of puberty, either of which produce numerous nervous manifestations even in seemingly normal individuals.

At this time the pelvic organs show corresponding changes. Usually the ovaries become smaller and wrinkled, the vagina contracts and assumes the shape of a cone, the os uteri, dimple like, forms the apex, while the vaginal portions of the cervix atrophies and disappears. The fundus of the uterus becomes smaller but retains its identity, as cavity, cervical canal, etc., though softer and paler in color.

When menstruation goes on normally and simply ceases, our attention is not often called to the various changes these organs undergo, but when the various nervous phenomena appear, such as the hot flashes, attacks of giddiness, the obscure pains in the breasts, pelvis and limbs, the blind spells with falling forward as if shot, disordered digestion with flatulence and constipation, cardiac palpitation and general nervousness, irregular and peculiar menstruation with frequent hemorrhage, mental vagaries and nervous explosions, with erratic pains any and everywhere, and accumulation of gas in digestive tract, and severe menstrual headaches with vomiting, etc., we are obliged to look for the source of all this disturbance and we find the change in the organs of generation giving the greater part of the disturbance, though often no apparent diseased condition. Yet, in my limited practice, I have seen the uterus soft and flabby, with ulcerated, angry looking os, from which exudes an excoriating discharge, others with enlarged, engorged bluish condition, filling entire pelvis, and still others with seemingly no life at all, pale and bloodless in appearance, no cervix, only an os from which blood, at shorter or longer intervals, gushes out, and, if no help at hand, they die from loss of blood.

If we stop to think and give this one period of the woman's life a square thought, we might be stronger and more ready to help these frail, nervous beings brace up and go through this seemingly, at least in many instances, perilous time of life without that fearfulness of death.

For an instant let us review the source of the uterine nerve supply. They are derived from the renal plexus, from the hypogastric plexus of the sympathetic, and from the filaments of the spinal and sacral plexuses, very closely connected with the ganglionic and cerebro-spinal centers, a fact which accounts for so much nervous disturbances, aside from the disturbances produced by being in contact with bowels and bladder. Not much wonder that the nervous system wants to give up its job and let mind and body go along in a haphazard, careless way when an organ is undergoing, as does the uterus then, so great a change. It seems to be all the more wearying and straining on the nervous system because it seems a process of involution instead of evolution as at puberty; not a process of decay, as a nerve dying in a tooth, but an inactive condition of the parts that once used a large blood supply and a heavy nerve force, not now dead, but inactive, a change to which the nervous system must accommodate itself, and, when once accommodated, goes on doing its work the same, to a certain extent, as before puberty.

Nature's way, of course, but the modification by civilization, fashion and environments, etc., has added to the menopause more radical changes and, therefore, more nervous disturbances. The more the nervous disturbance the more fearful the menopause.

The diagnosis is not an easy matter in some cases, though often made so by the patient. The extreme nervous tension and its

peculiar fearful excitation from no apparent cause usually directs our attention to this peculiar period of life, even at thirty or thirty-five.

The treatment must not only be medicinal and suggestive, but environment and avocation must be modified, if possible, to suit this period. You not only have the woman herself to suggest to, but friends and relatives, so that their presence, their actions and suggestions do not have a deleterious effect, but rather a cheerful and helpful environment must be sought as far as possible. Medication should be of such a nature as to produce equal circulation, equal distribution of nerve force. Help her, if possible, not to become an extremist in diet and habits. This is of inestimable value in these cases,—so that all the organs so far as possible perform their duties, especially with respect to waste and nutrition.

Gelsemium, where there is no contra-indication, for that restlessness, when the mind wants to take in too much of the world in one day or hour, can't get quiet or stop thinking or worrying when she should sleep, headaches from cerebral engorgement, the kidneys irregular in action and an irritated urinary tract will be soothed, the neuralgiac condition of the uterus and ovaries are lessened by the relaxation of the tissues; be careful not to produce hemorrhage, as it will in some patients. Add to this its help-mate, pulsatilla, for its influence upon the sympathetic nervous system, influencing the reproductive organs, where there is a tendency to melancholia and hysteria, and a "don't want to do anything" feeling. Though I try to be Eclectic out and out, I am often obliged to add to this happy couple macrotys. It seems to almost double the action of gelsemium and pulsatilla on the nervous system, reproductive apparatus and muscular system. I would next think of cypripedium for extreme restlessness, with morbid excitability, sleeplessness, mental depression, and dizziness; ignatia for uterine colic, congestive headache, burning on the soles of feet. To cut this paper short, use the viburnums, avena sativa, mitchella repens, senecio, according to indications. Keep bowels active and stomach in as good a condition as possible with such remedies as podophyllin, nux vomica, hydrastis and neutralizing cordial. Rest at night must be secured, and for this half-drachm to drachm doses of passiflora incarnata at bed hour or during the night when the restlessness comes on, will give rest and patient will bless you for it. If any hemorrhoids, they can be greatly helped by a rectal cone containing hamamelis, collinsonia, belladonna and alum; internally hamamelis and collinsonia. If any excoriations of uterus with irritating discharges, douches and local treatment with tampons saturated with glycolyptol or arbor-vitaline (Chicago Pharmacal Co.) will be most helpful and without them little can be done. In closing, I want to say that I use Lloyd Bros.' specific medicines for all above, save uterine dressings. No other can as yet take their place.

Indiana, Pa.

ECLECTIC MEDICAL COLLEGE

OF THE CITY OF NEW YORK

No. 239 EAST FOURTEENTH STREET

Announcement

Session of 1907-1908.

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H. HARRIS, M. D.

Registrar.

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BYRON CLARK, A.M., M.D. (P. and S., Baltimore; Eclectic, N. Y.; University of Md.), 107 W. 98th St.

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JOHN T. SIBLEY, A.M., M.D. (A. M. C., St. Louis), 730 E. 3d St., Brooklyn.

Professor of Nervous Diseases and Insanity.

JACOB OSHLAG, M.D. (Eclectic, N. Y.), 1622 Avenue A, N. Y.

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J. C. ROSENBLUETH, M.D. (P. and S., N. Y.), 348 E. 72th St.

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Assistant and Lecturer on Osteology and Arthrology.
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New York. Professor of Therapeutics.
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Professor of Materia Medica and Botany.
HENRY E. WAITE, M.D. (Eclectic, N. Y.) 113 W. 31st St.
Professor of Electro-Therapeutics.
JOHN T. SIBLEY, A.M., M.D. (A.M.C., St. Louis), 730 E. 3d St., Brooklyn.
Lecturer on Suggestive Therapeutics.
A. A. GREENBERG, M.D. (Eclectic, N. Y.), 75 Gerry St., Brooklyn.
Quiz Master.

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BAILIE BROWN, Ph.D., M.D. (Eclectic, N. Y.), Jersey City, N. J.
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Lecturer on Histology and Clinical Microscopy.

MEDICAL JURISPRUDENCE.

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Professor of Medical Jurisprudence.

Scholastic Year. This consists of a single session, commencing in September and continuing at least 30 weeks, exclusive of vacations and holidays. As announced in the catalogue of 1896-97, a graded course of four years was adopted, and has met with general approval. The Faculty and Trustees are gratified, knowing that the changes made in the course of study and the higher requirements demanded for graduation continue to meet with the approval of the Alumni and profession generally.

REQUIREMENTS FOR ADMISSION.

Students must furnish satisfactory evidence of good moral character for admission and must conform to the rules and regulations of the New York State Board of Regents.

Registration and Matriculation. Students on entering the College will be required to register and pay the registration fee of \$5. They will receive a receipt for this fee, which will be exchanged for a certificate of full or conditional matriculation when they shall have complied with the Regents' requirements for such matriculation; but students who have already been matriculated at a medical college in the State of New York, according to the Regents' requirements, and those who already hold medical students' certificates, will be matriculated immediately on registration.

The Course of Instruction is graded, extending through four years. It comprises recitations, didactic and clinical lectures, demonstrations, and laboratory work, together with practical clinical instruction.

The subjects studied during the first year are anatomy, physiology, inorganic chemistry, histology, embryology and physics.

Second year.—Advanced anatomy, advanced physiology, organic chemistry, toxicology, hygiene and sanitation, botany, pharmacy, materia medica, pathology and bacteriology.

Third year.—Pathology, surgery, therapeutics, obstetrics, gynecology, diseases of the heart and respiratory organs, diseases of the eye, ear, nose and throat, physical diagnosis, diseases of the genito-urinary system, general medicine, diseases of the gastro-intestinal system, orthopedic surgery, minor surgery, diseases of children and dermatology.

Fourth year.—Practice of medicine, operative surgery, tropical medicine, military surgery, minor surgery, diseases of the heart and respiratory organs, of the eye, ear, nose and throat, of the gastro-intestinal system, genito-urinary system, nervous system, orthopedic surgery, diseases of children, obstetrics, gynecology and materia medica.

Resources for Clinical Instruction. College Dispensary located in College Building. The material from this institution is utilized for the purpose of clinics. Thousands of patients are treated in the Dispensary each year, presenting a variety of diseases, and affording an excellent opportunity for observation and to make the student familiar with the various morbid appearances.

Beachonian Dispensary, 183 Ludlow Street. This institution is located in the crowded East Side and the material for clinical instruction is abundant. Over a thousand cases are prescribed for each month and members of the faculty are in charge of many of the departments and interesting clinics are here presented from time to time.

Bellevue Hospital. This institution is situated on 26th Street and East River, about one mile from the College Building, and is the charity hospital of New York City. It is open to all medical students for clinical study. Its conveniences and accommodations are co-extensive with its purposes. Clinical lectures are given and surgical operations made daily. Post-mortem

examinations are also made, to which medical students are admitted. Our students are required to attend these clinics, which afford them a large field of observation and study.

Manhattan Hospital. At this institution, which now has control of the State insane, Professor Sibley will conduct a clinic and exhibit cases during the month of March.

Red Cross Hospital. Students have the privilege of attending the clinics of Professor A. M. Lesser, Executive Surgeon, Red Cross Hospital, 100th Street and Central Park West.

Muncie Sanatorium, 119 Macon Street, Brooklyn. Drs. E. H. and L. H. Muncie are in charge of this institution, and our students are invited to many important operations during the session.

New York Physical and Surgical Hospital, located at 465 Lexington Avenue, is in charge of Professor A. W. Herzog, and students are frequently invited to attend clinics at this institution.

Library and Reading Room. There is an excellent Library and Reading Room attached to the College in which there are over 5,000 catalogued volumes. The Beachonian Society (Students' Association) adds many valuable books each year.

Requirements for Graduation. The requirements for graduation are that each candidate be at least twenty-one years of age, of good moral character, and have studied medicine for four years under the supervision of a reputable physician, and have attended not less than four full terms of instruction in an incorporated medical college, the last of which shall have been in this College, and must present evidences of having complied with the law concerning preliminary examinations. Candidates rejected at the final examination will not be re-examined until after having taken another course of lectures.

Advanced Standing. Students who have attended one or more courses of lectures at other medical colleges registered by the Regents of the University of the State of New York, who may desire to be admitted to advanced standing in this college, will be credited with the work they have done, if satisfactory evidence is presented that final examinations have been passed.

Fees and Expenses. All fees are payable in advance, and are as follows: For matriculation or registration, \$5.00, payable each year. For the year's lectures, \$125.00. A perpetual ticket, entitling to attendance upon four or more courses, may be obtained upon payment of \$400.00 in advance. Dissection, \$10.00; Chemical Laboratory, \$10.00; Pathological Laboratory, \$10.00; Bacteriological Laboratory, \$5.00; Examination, \$25.00; Diploma, \$5.00. Tickets are not transferable, and fees are not returnable.

A certificate of scholarship, entitling the holder to keep a student in the College perpetually, \$1,000.00.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The Second Row in my Medicine Case.

NO. VIII. SANTONIN.

This crystalline substance is obtained from *artemesia santonica*. Its range of usefulness is not extensive, and yet it occupies an important field of activity.

Santonin exerts a stimulating influence upon the great sympathetic, and gives tone to the functions of digestion and nutrition. In the treatment of patients suffering from lumbricoid worms in the alimentary canal it is a much needed remedy.

In many cases of chronic uterine diseases, irritation, pain and scalding at the base of the bladder are prominent features calling for the relieving power of santonin. It also possesses a corrective influence in burning, scalding and other unpleasant sensations in the urethra and bladder. In dysuria, suppression of the urine, chronic nephritis, strangury, chronic cystitis and chronic catarrh of the bladder it constitutes a medicament of superior merit.

Santonin is toxic, and should not, therefore, be administered for the purpose of destroying worms when the patient is constipated. It is well to combine or follow the agent with a laxative. The use of santonin causes yellow vision and yellowish urine—a fact which it is well to mention when prescribing the drug.

The following are among the most reliable specific indications for santonin. Intestinal worms, especially lumbrici and ascarides; white line around the mouth and frequent itching about the nose, which are marked symptoms of intestinal worms; retention of urine; especially in the advanced stages of acute disease of children; irritation, pain and scalding sensations during and after micturition; enuresis, dysuria and chronic cystitis; intermittent fever of infants simulating that caused by worms.

Santonin is anthelmintic, tonic, and in large doses narcotic.

The dose of santonin is from 1 to 3 grains, but 1/10 to 1 grain in tablet form or trituration usually constitutes an efficient dose which may be repeated as necessary.

Veratrum Viride.

In an interesting and instructive drug study published in the *Journal of Therapeutics and Dietetics*, Dr. A. Waldo Forbush speaks of *veratrum viride* in part as follows:

“We hear the complaint of practitioners that they do not get good

results from their remedies, and on investigation we find that they give too large a dose, hence the depressing effect.

"Oliver Wendell Holmes says, 'Science is a first rate piece of furniture for a man's upper chambers if he has common sense on the ground floor, but if a man has not got plenty of common sense, the more science he has the worse for his patient.'

"In veratrum, like all active therapeutic agents, the intensity of its force is proportioned to the quantity administered. It is not erratic in its action but operates in the same characteristic manner, the symptomatology being the same.

"At the present time it is quite the fad to embrace anything and everything at the expense of drug quality. The search for cures in serums, mysterious chemical compounds and other 'what nots' has led us too often, I believe, to overlook the curative power of many drugs which possess great value as medicinal agents. At the end of the present fad life, we may expect the resumption of drug study and therapeutic opportunity. Exact therapy, based on appreciation of the physiological cause of the symptoms, spoils the possibility of many a brilliant diagnosis.

"Statistics tell us that the death-rate from pneumonic conditions has increased from the year 1870, and that the increase in the years 1900 and 1901 was alarming. The year 1905 was followed by an increase in the death-rate for 1906.

"Dr. William Osler says that 'the profession ought to be doing something systematic and energetic to reduce the mortality from pneumonia. Hospital physicians should give more attention to the systematic study of their cases.' Dr. Osler's words are but a fair sample of many thinking minds. To our mind, the increased death-rate in pneumonia is due to the fad followers in modern medicine; to the routine practitioners; to the men who are swayed by the German method and German-made compounds; to the users of coal-tar depressants; to the men who depress the heart and then try to lift it up by stimulants; to the men who push digitalis to its utmost in every case of pneumonia; to the men who say, 'You know there are *no specifics* for pneumonia.'

"The common people are learning these things more and more. Excuses will not always be taken. The practice must be revised and results shown or our professional life ends. The confidence favored us in the past by the common people will be replaced by reproach.

"Dr. H. D. Quigg says: 'The statement has been made that modern medication has not curtailed the mortality of pneumonia. I believe this is largely due to errors of treatment. After making sure of my diagnosis I give my attention to the treatment, rather than to technical diagnosis or etiology.'

"In no way would I decry or underestimate the great subjects of medicine preceding the study of therapeutics, but I do raise this question: Of what ultimate importance is a profound knowledge of phys-

iology, pathology, etc., except to prepare us for an intelligent application—together with therapeutic knowledge—of the indicated remedies for the restoration of the normal function in the diseased conditions which we find to exist? What does it profit the doctor, be he ever so clever a diagnostician, if, after careful examination and diagnosis, he is unable to apply the remedy necessary for relief of the patient? He must possess this knowledge or he will be doomed to disappointment.

“Dr. R. Hegg says: ‘In looking over the field of the usefulness of veratrum in pneumonia, we find the majority of cases with the full bounding pulse during the congestive stage, hence veratrum will open up the way for further treatment and a decrease in the mortality for pneumonia.’

“Dr. Solis-Cohen is an advocate of veratrum viride in pneumonia; he thinks it antagonizes the pneumotoxin.

“Dr. J. W. Fyfe says: ‘It is one of our best remedies in wrongs of the lungs. Under its impulse the heart’s action is improved, the pulse soon lowered, secretion established, breathing made more easy and expectoration more free. Some doctors prescribe veratrum in nearly all of their cases of pneumonia, but in this, as in all other wrongs to be corrected, the full and bounding pulse may be taken as the specific call for its aid. Ten to twenty drops of specific veratrum to four ounces of water administered in teaspoonful doses every half to every two hours will give the best results.’

“Dr. T. G. Stevens has been using veratrum viride in pneumonia for years, and has learned to rely on the remedy. ‘Veratrum,’ says the doctor, ‘is more efficacious in pneumonia than quinine in ague’—certainly a strong statement.

“That grand old man, Dr. Geddes, says: ‘If given early, veratrum will abort the perverted condition. The objection raised against this drug is that it depresses and weakens the heart. With due care in the administration, and in indicated cases, the heart should not be weakened; in fact, the quieting of the arterial excitement rests the heart.’

“Thus I might call attention to a large number of our everyday physicians who use this agent with confidence and good results.

“Arteriosclerosis in advancing old age is an interesting condition in which veratrum will be found of extra service. From various observers we learn that the immediate effect, in this condition, is a general vascular tension; a progressive increase of pathological tissue-changes, due to metabolic disorders from defective nutrition, and loss of elasticity of the blood carriers is inevitable. Functional disturbances ensue and give rise to pathological and anatomical change. Arrest of the morbid process and further development is a desideratum to be sought. In indicated cases veratrum’s influence is directed to the vessels and a normal blood supply, thus diminishing the increased reflex irritability. The field of use of veratrum is as a prophylactic,

and its most striking effects are seen when it is used at the very beginning of those manifestations which indicate the commencement of arteriosclerosis. Though certain cases are, in the nature of the conditions, incurable, yet veratrum gives at least some relief even in very severe cases. In this distressing malady the slightest amelioration affords us gratification.

"It stimulates elimination through the kidneys, liver and skin, dispels the toxins from cells and blood, and checks undue effect, etc.

"Veratrum is found to be excellent in pains due to sclerosis of the arteries, which may be accompanied with intermittent attacks of muscular insufficiency in the extremities. It diminishes the blood pressure of the smaller vessels. Observation of the action of veratrum in chronic nephritis seems to point in this direction.

"The pathological conditions of puerperal convulsions show that in part, at least, it is the result of the irritant action of toxins upon the circulation. The experience with veratrum, at the hands of its friends, is so forceful and clear in results that, at the present time, it is depended upon in the treatment of puerperal convulsions by practitioners of all schools of medicine. The veratrum indications are the full, quick, high tension pulse where consciousness returns in the interval between the convulsions, and where the accumulated toxins have not overwhelmed the patient. In an asthenic form with feeble pulse, pale face, etc., veratrum should not be employed. In indicated cases give veratrum in large and frequently repeated doses. Ten drops of Lloyd's specific veratrum, hypodermically, and repeated every fifteen minutes until there is evidence of improvement, is good treatment. Smaller doses do not produce the desired results. The quantity of the drug that this condition will bear seems incredible.

"In chronic interstitial nephritis a constant symptom from the beginning is high blood pressure and the amount of the albuminuria is determined by the blood pressure. High arterial tension is another symptom that is found throughout the entire course of this affection. In the earlier stages veratrum, from its well-known physiological indication, will prove a timely medication. Professor Butler says, 'Veratrum, as a remedy, surpasses them all as a vasodilator in chronic interstitial nephritis.' With dropsy from failure of ventricular systole, digitalis is advised, by some writers, to fortify the heart; to my mind, digitalis is not the best remedy, as the drug fortifies the heart at the expense of contracting the arterioles and raising blood pressure which is already too high. It is most desirable to support the heart without adding to the contraction of the arterioles. This we can accomplish by prescribing the indicated remedy—veratrum, spar-teine, strophanthus, or caffeine, in place of the digitalis.

"The one characteristic symptom of early pulmonary tuberculosis is a slight elevation of temperature. Septic germ habitation requires a temperature above 98.4 degrees to multiply and prosper. Therefore, by keeping the body temperature slightly below or at the normal

temperature, the mischief-making microbe multiplication is prevented and their activity destroyed.

"Professor Scudder says: 'In the early stages of phthisis, veratrum has a curative action. The marked symptoms are a frequent pulse and high temperature. In proportion as we control these, the disease is modified. Veratrum, in the small dose, is not a depressant; it lessens the frequency of the pulse and reduces the temperature, improving every function and relieving the thoracic pain, cough and fever.' If the deposit is aplastic, in tubercular affections, veratrum is far superior to any one remedy known.

"Professor Howe says: 'I have been a champion of veratrum for twenty-five years. Continued experience increases its value as I learn to appreciate its therapeutic action, especially in pulmonary and uterine complaints.'

"I would call your attention to a pretuberculous dyspepsia, due to a deficiency of hydrochloric acid. This alteration in the gastric secretion, septic condition of the mucous membrane, is produced by a kind of fermentation. The cachexia apparent in these patients is accompanied by devitalization of the tissues, resulting in a decrease in the resistance to tuberculous attacks. For correction of these morbid processes it is recommended to combine veratrum viride and echinacea in small doses. They combat the sub-acidity in the early stages of the disease, reestablish the normal aseptic state of the stomach, and act as a direct antiseptic against the bacilli of tuberculosis, which multiply in the stomach of most tuberculous patients.

"When indicated, veratrum is a remedy above the ordinary in peritonitis, especially puerperal peritonitis and pelvic peritonitis from septic absorption. In these cases to speedily check the inflammation it may be required in quite large doses and continued until sedation is secured, when the remedy may be given in small fractional doses. For inflammation arising from blows upon the abdomen it is the best known remedy. In erysipelas it is of value both internally and externally; it is seldom that other remedies will be required. The heart's action can be regulated by its internal use and specific veratrum should be topically applied by means of a brush to the affected parts. If administered early in erysipelas there are few conditions likely to arise that will contra-indicate its use. It may be combined with tincture ferri chlo. and echinacea. Veratrum is a valuable application in localized inflammations, viz.: boils, felons, carbuncles, inflamed pimples, 'cold sores,' etc. Cellular inflammation and labial herpes can be well treated by painting with a reliable article.

"We can hear the late Dr. R. S. Geddes say, 'Veratrum is a great promoter of appetite and in chronic disease veratrum is the alterative.'

"Prof. A. Jackson Howe says, 'As an alterative veratrum viride takes high rank; it improves the appetite and favors assimilation by exciting the lacteal and lymphatic system generally.'

"In determination of blood to the brain in active delirium, veratrum alone, or in combination with gelsemium, piscidia or the bromides, should be considered. The cerebrospinal system, from a physiological point, comes within the veratrum domain, and when the indicated pulse is present it can be given with full confidence, especially in undue excitement of the spinal nervous system, in spinal irritation, spinal convulsions, cerebro-spinal meningitis and acute mania with the full, bounding pulse. When neuralgia and headache are due to irritation of the nerve centers, with hyperemia, veratrum proves a useful remedy.

"It is of value in pleuritis, bronchitis, hepatic nephritis and cystitis at the beginning of the acute stage before much structural change has occurred. The heart conditions often come within the domain of veratrum. It will control palpitation with violent circulation and the irritable heart produced by the use of tobacco. Palpitation due to cardiac hypertrophy, is quieted, when valvular incompetence is not the factor. Veratrum is of service in heart conditions with hypertrophy following rheumatism. It is also valuable in aneurism, restraining hypertrophy by reducing the vaso-motor tonus. In this difficulty moderately large doses—three or four drops four times a day—will accomplish more than the small, frequently repeated dose. In fact, veratrum may be indicated in all pathological conditions, regardless of name, when we find the full bounding pulse. It is not a specific for any disease, but holds specific therapeutic power that can be placed whenever we have the characteristic pulse, viz.: pulse frequent and full; tissues full, not shrunken; surface flushed with blood; pulse rapid, bounding; pulse rapid, full, corded or wiry; marked arterial throbbing; increased arterial tension, with bloodshot eyes; sthenic fevers and inflammations generally.

"Tongue indication for veratrum is a clear, deep red streak running through the center; this red streak often becomes dry if the tongue is coated; the coating is on both sides of this streak. This condition, to my mind, is quite characteristic of irritation of the sympathetic nerves.

"The antidote for toxic effects of veratrum viride is tincture of opium—not morphine in any form."

"Some Old-Timers."

It is seldom that more truth is contained in a small article than is to be found in the following abstract taken from *Clinical Medicine*.

"It will be long, indeed, before the newer remedies, the arms of precision, will entirely replace the old formulas. * * * These formulas retain their place in practice because they have been found useful. * * * The new therapy is a better one and easier,

because founded on a correct and rational method. But it is a new therapy and not a modification or a substitution of the old. If this is once comprehended it is easier to develop the matter.

"Here is an old formula dating back to Greenough, early in the preceding century, and possibly old then: Potassium chlorate, one dram; hydrochloric acid, strong, half a dram; mix in a 4-ounce vial and then add tincture of iron chloride two drams, and water enough to fill the bottle. The fumes of chlorine are disengaged when thus compounded and saturate the mixture. This is a useful remedy in diphtheria and other affections of the throat, and when given undiluted in dram doses will usually abort a commencing acute pharyngitis in a few hours. Many physicians who have learned to dread diphtheria and believe in the efficacy of local remedies when really potent and applied in the inception of the malady, have this combination in their families, with instructions to use it at the first sign of throat trouble and then send for the doctor. No harm is done, the surface colonies are destroyed, and precious time is saved while the antitoxin is coming. Nascent chlorine is no mean germicide.

"Just now this 'enthusiastic' advocate of active principles finds himself writing many prescriptions for: Sodium carbonate and sodium sulphocarbolate each one dram, wine of ipecacuanha two drams, tincture of hydrastis four drams, and aromatic syrup of rhubarb enough to make six ounces.

"For the summer digestive troubles of childhood there is exceeding peace in this old combination, a modification of an ancient Eclectic formula known as 'neutralizing cordial.' In the earlier stages of that series of morbid processes that ends with cholera infantum, a dram of this mixture repeated every two hours will carry out of the alimentary canal the decomposing food and vitiated secretions, and restore a healthy normal action of the entire digestive glandular apparatus. The alkali neutralizes acids, the sulphocarbolate restrains fermentation and decomposition, ipecac through its emetine incites normal digestive secretions, hydrastis gives tone, by berberine, to the connective tissues of the alimentary canal, relaxed by the heat, etc., and through the hydrastine to the vessels of all parts of the body. The spices act as carminatives and antiseptics, and arouse the dormant vitality of the intestinal mucosa; while the rhubarb aids emetine in inciting secretions, and is first laxative, ridding the bowels of noxious matters, and later astringent, checking any disposition to undue wasting. The whole forms one of the most effective and well-balanced formulas of the old sort, and it will be long before our modern agents can be as effectively combined. True, most of the ingredients may be replaced by their alkaloids, and rhubarb is possibly fully represented by juglandin—but it will be many a year before this has

so endured the test of trial in practice, and we have acquired a like skill in its application, to make it the safe and certain agency in our hands the old mixture has proved in these cases.

"Thirty years ago the greatest physician in the United States came to aid the writer with a case of advanced nephritis. The patient had had uremic convulsions, and as the great man saw the fatty casts from her urine he remarked, 'She's a goner!' Last June we saw that patient, fair and healthy, surrounded by the family she since reared. That was our first experience with the absolute skimmed-milk diet and this formula: Sodium acetate one ounce, chloroform and benzoic acid each one dram, water to make twelve ounces. Dose, a tablespoonful every four hours as long as albuminuria persists. That has been our treatment for nephritis of the desquamative type ever since, and the recovery is but one of so many, that our prognosis in such cases is not very gloomy.

How can that formula be replaced by active principles? Frankly, we do not know. We do not know that we want to replace it. Why should we, when we have such a record of results during a third of a century?"

Mangifera Indica—Mango.

As a remedy in catarrh, leucorrhoea, gleet, diarrhoea, dysentery, vaginitis and urethritis, this agent has been used with curative results. In diphtheria it is said to have proved useful. Locally it is used as a spray, as an injection and as a gargle. Two drachms of the specific medicine (or a good fluid extract) added to four ounces of water constitutes a good gargle. In diseases of the throat it may be applied full strength, with a camel's hair brush.

"I have found mangifera of marked service in the treatment of profuse and exhaustive menstrual fluxes. In uterine hemorrhage following miscarriage, the agent exerts a powerfully restraining influence upon the hemorrhagic waste. In the sanguineous losses, which often occur about the change of life, and when uterine tumors are developing, the mangifera is the most potent and reliable medicine ever introduced to the notice of the medical profession. I prescribe the fluid extract, in five-drop doses, every three or four hours. In a short time the influence of the medicine is observed, and in a few days the desired effect is realized. No remedial agent of so great value, for the purpose named, has been introduced to the profession; it is as near a specific for profuse menstruation and uterine hemorrhage as may be desired. I might report ten or twelve cases in which the medicine exerted just such an action as was wished."—Howe.

"The first and chief property of mangifera is that of an astringent, but its astringency is of a peculiar kind. Like some other members of this class of remedies, it contains a form of tannic acid, but not an aggressive form, for it does not, like so many of the tannates, lead

to constipation. *Mangifera* seems to combine with its astringent properties the action of a *sedative to mucous surfaces*, both soothing and astringent, but at the same time it is distinctly *tonic*, increasing vascular tonicity, aiding the appetite, and checking discharges, whether of mucus or blood, and particularly, never disturbing the stomach.

"My first serious test of *mangifera* was in a severe case of hemorrhage following abortion. There was no gushing of blood, but a steady and continual drain, so that it was becoming serious. Ten drops of specific medicine *mangifera* were given in water every two hours. The effect was remarkable, the hemorrhage was stopped, and the patient made a good recovery. The remedy might have been given more frequently, had not its effect been shown at once, as in emergency cases the dose may be repeated every fifteen minutes.

"In hemorrhage of the lungs, I have given *mangifera* so often that I have learned to rely upon it in passive cases, and it has done more for me than any other remedy.

"In hemorrhage, if passive, *mangifera* increases vascular tonicity, and thus prevents leakage and passive hemorrhage. In stomach and bowel troubles, in catarrh of the head and throat, the conditions are atonic, at least this is my experience, yet, although the tonic properties of the drug point to it as being a remedy pre-eminent in atonic conditions, it is not interdicted in inflammations."—Fearn.

Mangifera Indica is astringent to mucous membranes, but it does not constipate the bowels.

Indications.—Passive hemorrhages from the uterus, bowels or lungs; muco-purulent discharges from the bowels or uterus; profuse menstruation; patient in an atonic condition; muscular system relaxed; circulation poor; appetite poor; anemic and much depressed.

Dose.—Fluid extract, 5 to 60 drops; specific medicine, 5 to 20 drops.

Usual Prescription.—℞ *Mangifera*, gtt. xxx. to ʒi. water, ʒiv. M. Sig. Dose one teaspoonful every hour or two.

Plantago Major.

The common name of *plantago major* is plantain. This is a very important remedy in many conditions, and should be better known.

The local use of *plantago* has relieved stubborn cases of rheumatism and neuralgia, and many other painful conditions. It is of much value when put in the ear to relieve earache or in a hollow tooth to relieve toothache. It is one of the best applications for burns and scalds, and will give relief at once, as it is a good analgesic and antiseptic. But few if any remedies will relieve sprains quicker than *plantago*. Cases of erysipelas can be benefitted by the local application of *plantago*. It is also of value in ophthalmia, bruises, etc. Likely "black eye," i. e., bruises about the eye, could be relieved quicker by geranium, as the latter is a very important remedy for such injuries.

Many cases of diarrhoea and dysentery can be relieved by an emeta of plantago when many other remedies have failed to give relief. It not only controls the discharge, but also the pain.

Plantago is of value in most all forms of hemorrhages, and should not be lost sight of in malarial hematuria.

A hot infusion of plantago is diaphoretic and soothing to the nerves, while cold preparations increase the flow of urine and allay irritation. It is said to be a valuable remedy for "burning urine" when there is aching in the back. It has been used to influence the glandular system in scrofula, strauuma, eczema, catarrh, gonorrhoea and various other diseases.

Book Reviews

A Practitioner's Handbook of Materia Medica and Therapeutics. Based upon Established Physiological Actions and the Indications in Small Doses. To which are added some Pharmaceutical Data and the Most Important Therapeutic Developments of Sectarian Medicine as Explained along Rational Lines. By Thos. S. Blair, M. D., member American Medical Association, Pennsylvania State Medical Society, Harrisburg Academy of Medicine; member visiting staff of Harrisburg City Hospital, etc. Published by The Medical Council, 4105 Walnut Street, Philadelphia, Pa.

Dr. Blair deserves the thanks of the entire profession for this handbook of materia medica and therapeutics. The Old School will find many important truths and therapeutic facts in this little book, which being presented by one of their number, they may be willing to accept or at least investigate, and the Homeopaths and the Eclectics are given due recognition for their valuable research in these lines. In his preface he says: "Attempting to exploit no pathy, ism or fanciful theories, the effort is made to gather together what is of practical account in the recorded investigations of all schools of practice, bearing upon the clinical use of small doses of the drug suitable for such employment."

In speaking of the action of drugs in his introduction he makes the following statement: "That in small and moderate doses we get the true psysiological action and in the large dose the physiological reaction." In his chapter on pharmacy we find a paragraph that we agree with and have many times proven. He says: "Many of the therapeutic actions in small doses cannot be obtained with fluid extracts and tinctures /made in the usual manner." Of Eclectic tinctures he has the following to say: "Pharmaceutically they are high grade tinctures, one minim of which represents one grain of the dry crude drug. They are largely used by regular physicians who call them Lloyd's tinctures. * * * Their great activity is readily explained since they are made usually of plants

in their green or recent state; also it may be said that their high price justifies the makers in purchasing the cream of the available supply. The process employed varies with the substance used, but is usually a combined maceration and percolation with the aid of ingenious concentrating apparatus in which heat is not employed." And, again, on page 37, we find the following truth: "As a matter of fact a large proportion of the proprietaries extensively prescribed by the regular profession are old Eclectic formulae, while some of them are Homeopathic and are made from mother tinctures." Dr. Blair is the only old school author who has had the courage or the courtesy to publicly acknowledge this truth. And now let me quote just one other statement which he makes in his introduction to part two. It will please every Eclectic reader, as it so thoroughly agrees with the basic principles of the school. A clinical truth is worth a thousand fanciful laboratory theories, and here is what Dr. Blair has to say in this regard: "Definite symptomatology and direct actions rather than purely laboratory data are given, and the actions upon man excluding those based upon experimental studies upon the lower animals are alone referred to."

We are so much pleased with this book that we have recommended it in our college catalogue which is the best indorsement that we can give.

Diseases of the Rectum; Their Consequences and Non-Surgical Treatment. By W. C. Brinkerhoff, M. D., Steinway Hall, Chicago, Ill. Price \$2. Orban Publishing Company.

This is a review and argument in favor of the injection method of treatment quite exhaustive and interestingly placed before the profession.

Diseases of the Digestive Organs for Students and Practitioners of Medicine. By Owen A. Palmer, M. D., author of "Physical Perfection," "Essays on Country Surgery;" late professor of Hygiene in the Western Reserve College; lecturer on physiology and hygiene in Baldwin University; ten years sanitarium superintendent; member of the American Institute of Homeopathy and the Ohio State Eclectic Medical Society, etc. Cleveland, Ohio, 1907.

You are impressed at once with the idea that the author is a broad-minded progressive thinker; not a therapeutic nihilist nor so much of an enthusiast as not to see the necessity of surgical treatment in selected cases. This book of nearly six hundred pages is thoroughly up to date, careful attention having been paid to etiology and prophylaxis, differential diagnosis and careful therapeutic indications.

The chapters upon auto-intoxication, the tongue, and constipation contain many most excellent ideas. The entire book is written in a pleasant and most interesting style. We recommend it to both students and practitioners as a most useful and helpful book.

Items

Send for catalogue of the Eclectic Medical College of the City of New York.

American Medical Editors' Association.

The thirty-ninth annual meeting of this society was the most successful in point of attendance and general interest ever held. The rapid increase in membership is an assurance that in the future the meetings of the American Medical Editors' Association will be an important feature annually. Sixty-four new members were elected.

The Interstate Medical Journal (St. Louis) has purchased the St. Louis Courier of Medicine and consolidated with it on July 1. This is the fourth medical journal that has been purchased and absorbed by the Interstate during the past few years.

Dr. Nathaniel J. Shapiro has opened offices at 502 Stone avenue, Brooklyn, and Dr. Pincus Mallowitz has opened offices at 14 Columbia street, New York City.

Read the advertisements; patronize the advertiser.

Read the catalogue carefully and note the changes.

Dr. Henry J. Do'l delivered the address to the graduates of Canisius College, Buffalo, N. Y.

Dr. Bailie Brown has returned after a three weeks' sojourn in the Adirondacks.

Dr. James Moran returned from a visit to the Berkshires, looking and feeling fine.

Visitors will be delighted with the new chemical and pathological laboratories. The clinic room has also been improved.

Dr. G. E. Holmberg has again manifested his fondness for his alma mater by a donation of bookcases.

Due to Dr. Hollander's munificence, the new laboratories will be resplendent in fresh colors.

Dr. W. Baetz had the opportunity of exercising his obstetrical skill in a Second avenue car a few days ago. Mother and child doing well.

The fact that Dr. Herzog treats bears, bulls and lambs, is no proof that he is a veterinary.

When in New York be sure and call at the college. Many interesting changes.

The Manhattan, Visiting and Instructive Nurses is arranging a euchre and whist. Many valuable prizes have already been received.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. X.

NEW YORK, SEPTEMBER 15, 1907.

No. 9.

College Opening.

By the time this number of the Review reaches our readers we hope to be enrolling students at 239 East 14th Street in goodly numbers. In the August Review, by special circulars addressed to alumni and Eclectics generally in the east we requested the names and addresses of high school graduates to whom we desired to send our catalogues. The college faculty and trustees have not been lax; the building has been re-arranged for the convenience of the students, the curriculum broadened, the teaching force added to, so that to-day we have unexcelled facilities for teaching one hundred students.

New York City has always furnished the college with its share of students. Our practitioners in Greater New York never miss an opportunity to place the catalogue in the hands of prospective students, and if our good friends in the country will wake up to the necessity of supporting the college with something more than kind words our class rooms will be filled and we would have more than a "goodly number." We would be taxed to our full capacity.

The Opsonic Theory.

A few days since while looking over the proceedings of a meeting of an old school medical society, I was somewhat surprised to find that of the six papers presented for discussion *four* were devoted to Sir A. E. Wright's discovery of opsonins. This and the further fact that one can hardly take up one of the more scientific medical journals without finding one or more articles on the subject would seem to clearly indicate that opsonins are exciting a deep interest in the medical world.

Our knowledge of these substances of doubtful composition is far from complete but the results of the latest investigations are well presented in the following extract from an editorial published in *Clinical Medicine*:

"Opsonins are substances present in the blood-serum which in some unknown way prepare the invading bacteria for the action of the phagocytes, so that the latter are able to ingest and destroy them. If the quantity of opsonin is small the individual is more susceptible to bacterial attack—less able to repel the incursion of

disease; while a large quantity of the opsonins usually means an acute invasion. There is apparently a separate opsinin for every bacterially produced disease. Wright showed that it is possible to increase the quantity of opsonin and thereby increase the resistance to disease. This is done by injecting into the blood of the patient several hundred millions of dead bacteria, of the kind that have caused the specific infection. This causes, in suitable cases, first, a fall in the quantity of opsonins, then a rise. The fall is called the 'negative phase,' the rise the 'positive phase.' By repeating these injections the quantity of opsonin is gradually increased till the 'positive phase' becomes predominant. By thus increasing the immunizing power we may cure as well as prevent disease.

"The basis for the uses of opsonic injections (or 'vaccinations,' as they are improperly called) is the 'opsonic index.' This is determined by comparing the capacity of the phagocytes of an infected individual for engulfing the specific bacteria with that of a normal individual, or rather a number of normal individuals.

"For instance, a definite quantity of white blood-cells is mixed with normal blood-serum, an emulsion of dead bacteria added and the whole placed in an incubator for a few minutes. At the end of the necessary period a microscopic examination is made of the resultant mixture and the number of germs which have been taken into the bodies of a number of the white corpuscles carefully counted. Let us suppose that the average number of germs in each cell is four. This is normal, or 1. Now a similar test is made with the serum of the patient. Supposing that only two germs are found, on an average, in each white cell. In that case the index is 0.5. If eight are found, the index would be 2. The index is used as a guide to opsonic vaccination, and throws valuable light upon the diagnosis and prognosis."

It may be well to state in this connection that there are some very able investigators who do not fully agree with Sir A. E. Wright in regard to the therapeutic value of the opsonic theory.

J. W. F.

Original Articles

Thuja Occidentalis.

BY W. H. BLAKE, M.D.

Read at the meeting of the Pennsylvania Eclectic Medical Society.

Other names: Arbor vitæ, false white cedar.

The arbor vitæ is an indigenous tree which attains a height of from thirty to fifty feet, and is found in the cedar swamps of Canada and the northern states, and along the Alleghanies. It is

of slow growth. The trunk is crooked and rapidly diminishes in size upward, and throws out recurved branches from base to summit; the branches are ancipital, flat and broad. The wood is light and soft, but very durable, and when burned gives off an agreeable odor. The leaves are evergreen, rhomboid-ovate, scale like, placed in four rows, obtusely pointed, with a gland on the back. The flowers appear in May. The cones are terminal, oblong, nodding, and one-seeded. The seeds are broadly winged.

The leaves and twigs have a pleasant, piny, benzoic odor, and pungent, aromatic, camphoraceous, bitterish taste. Both water and alcohol extract their virtues; they afford about one per cent. of a colorless or greenish yellow volatile oil readily soluble in alcohol, and which is blackened when treated with either potassa or sulphuric acid. Kawalier also obtained from them a gelatinous compound, sugar, two resins, pinipicrin, a bitter principle, and thujin, a peculiar principle, which crystalizes in small yellow tables, has an astringent taste, dissolves in water and alcohol, is changed by alkalies to a deep yellow and red-brown, and by ferric chloride to a dark green; also pinitannic acid.

The main constituents of the oil of thuja are terpene and thujol; both are irritants to the skin, and large doses taken internally or hypodermically cause serious inflammation.

Terpene reduces both respiratory and systolic frequency, and lowers the temperature of warm blooded animals; and the movements of the body become awkward and slow. Small doses simply reduce temperature; but large doses may cause fatal paralysis of respiration. To some extent it opposes the influence of camphor. Thujol quickens respiration and lowers temperature; its action tends to cause cardiac spasm; it increases its contractile energy, causing, at first, more rapid contractions, which gradually become less frequent from prolongation, and the pulse rate corresponds. It opposes the influence of curare. It causes spasms of central origin, with clonic cramps and increased peristaltic movements. Daily injections of small quantities have at first no effect, but eventually cause cramps which terminate in death.

Of the two oils of thuja, that having the highest boiling point is the most toxic. Thuja is a remedy for all ailments consequent or dependent upon insufficient peripheral energy; by exciting the peripheral ganglia it causes increased tone of tissues and thereby checks degeneration of tissue substance; hence it is called anti-septic; by energizing the capillary circulation it checks hemorrhages, and prevents, arrests or starves exuberant growths.

A decoction of the leaves has been used for intermittent and remittent fevers, for coughs, rheumatic and scorbutic affections. The juice of the fresh leaves is capable of irritating the skin. An ointment made by simmering the bruised leaves in animal fat is a useful application for rheumatic and neuralgic affections.

A poultice of the fresh leaves is also used for the same purpose; as is the oil, which has also been successfully used as a vermifuge.

Boerhaave recommended the distilled water and extract as a remedy for dropsy.

The expressed juice, or a tincture of the leaves, is highly recommended as a remedy for warts, especially those of venereal origin; they should be kept constantly moistened with it by means of lint. When warts are excessively abundant it is advised that the following be given: *R* Magnesia sulph. 3j.; aqua ozs. vj; *M.* sig. a teaspoonful four times daily, and in addition, *tr.* thuja gtts. xx; glycerin ozs. jss; aqua q. s. ad ozs. vi. *M.* Sig. a teaspoonful four times daily in alternation.

Though resembling savin in its qualities, thuja is said not to affect the healthy gravid uterus, and it is used for congestive amenorrhea. It is alleged to control capillary hemorrhages, and to control or regulate the growth of vascular tissues, repressing fungous granulations of ulcers; and it has been much used, both internally and locally, for malignant and non-malignant tumors and ulcerations, particularly when the parts are in a flabby condition with a tendency to bleed; it diminishes the tendency to bleed, abates the pain, moderates the progress of the disease, and sometimes effects a cure. It has been much extolled as a cancer remedy, and some remarkable cures have been reported as resulting from its use.

Thuja is used internally for enuresis (in doses of from three to twenty drops of the tincture, in water, three or four times a day), also for passive hemorrhages, for acute and chronic prostatitis, for cystitis, and internally and locally for prolapsus ani.

Thuja is used locally for ulcerated sore mouth, and it is said to be curative in the early stages of diphtheria, but useless when the disease is fully established.

For seminal emissions thuja is used, in six to eight-drop doses, half an hour previous to each meal, in connection with good food; abstinence from all intoxicating liquors, methodical exercise both physical and mental, and salt water baths every morning, the skin being rubbed after drying until in a glow.

In the treatment of hydrocele, puncture the sac with a large exploring needle and let the fluid escape; then place the nozzle of a syringe, containing two drachms of a mixture of equal parts of a saturated tincture of thuja and warm water, in the mouth of the needle, and inject; then with the fingers pinch and knead the scrotum to bring the liquid into contact with the entire inner surface of the sac. Considerable pain ensues for a half hour or so, and for a day or two there is some swelling of the scrotum, but usually this entirely subsides in the course of a week, and no further treatment is required.

Hernia has been radically cured by injecting in and around the hernial rings the saturated tincture of thuja in the same manner as the infusion of white oak bark has been used for the same purpose; a compress and elastic bandage are then applied and the patient is to lie upon his back most of the time for a few days. The injection causes some soreness, and perhaps swelling, for a few days, but otherwise there is seldom any further unpleasantness. The operation is to be repeated in twelve to fourteen days if needful.

For anal prolapse, thuja may be injected hypodermically; or, diluted with water, applied as a lotion; or it may be compounded with stramonium, hamamelis, or such other agents as cause contraction of unstriated muscles; or it may be used as an anal injection, or compounded in a suppository. It is beneficial for hemorrhoids, and for incontinence of urine, and tends to prevent involuntary discharges of flatus.

Thuja is used for gangrene; it checks the discharge and abates the odor. Diluted one-half with water, thuja is injected into nevus, uterine fibroids, and hemorrhoids, and it is an excellent application for goiter and epithelioma.

Applied locally, it affords relief from palmareczema, and, when possible, it is curative of bed sores. For umbilical hemorrhage the part is wet with the saturated tincture and a compress of absorbent cotton wet with it is then applied. It is used externally for watery joints. It is applied for balanitis, abrasions, and soft chancres. For acute and chronic prostatitis, in combination with hamamelis and hydrastis, it is used as a rectal injection. It is applied locally for granular conjunctivitis.

The fluid extract of thuja may be given for malignant disease, or for pulmonary hemorrhage, in milk, in cod liver oil, or in glycerin. It may be applied to the os, to the cervix, or to the cavity of the uterus for malignant disease. It may be applied on cotton, or the glycerole may be made into suppositories.

For tonsilitis, elongated uvula, sore throat, or external hemorrhoids, paint the parts several times a day with the fluid extract of thuja.

The tincture is made by macerating one part of fresh bruised leaves in five parts, by weight, of alcohol, for eight days; it is of a greenish yellow color. The tincture and the fluid extract have been given in one drachm doses, and repeated several times a day; but it is usually given in three to fifteen-drop doses in water.

The aqueous preparation causes much less pain when applied locally than the alcoholic, and it has much less odor.

The ointment is valuable in treating diseases of the eye.

Homeopathically, thuja is used for ranula, polypus, inflammation of the eye after vaccination, glandular indurations, warts, pustules, varicella, blennorhea of the eyes, scrofulous ophthalmias, blisters and nodules on the inner lips, ravenous hunger alternating

with loss of appetite, fullness after eating, excessive flatulence, persistent constipation or diarrhea, tenesmus, involuntary stools, evacuations abnormally small or frequent, urine too copious or scanty, condylomata, extraordinary excitement or depression of the genital system, palpitation of the heart, sleeplessness or deep but unrefreshing sleep, dryness, brittleness and falling out of the hair, or unusual growth of the same, brownish spots on the skin, mental irritability.

Philadelphia, Pa.

A Few Remedies Better Than Many.

BY ELI G. JONES, M.D.

I remember a remark made by one of the fathers of the Eclectic school, some forty years ago, "A good mechanic needs only a few tools." When I see the modern buggy case of the doctor, with 50 or 100 vials in it, I think of what the old professor said. Reader, did you ever stop to think of what you can do for the sick with a few remedies? In the last few years of my attending to family practice, I did a business of \$6,000 a year, yet I only carried a few half-ounce vials of medicine in my pocket, but you may rest assured that I knew perfectly well the action of the few remedies that I did use. A knowledge of the Homeopathic remedies has been a great help to me in my practice. I first got a little book called "The Sixteen Principal Homeopath Remedies;" that book I studied early and often, until I mastered its contents. I also studied the action of about twelve of the principal Eclectic remedies, until I knew all that I could learn about them. In making up my case of vials I put in aconite, belladonna, chamomilla, cimicifuga, cannabis sativa, "diaphoretic powder," chlorate potash, gelsemium, ipecac, leptandrin, lobelia, podophyllin, nux vomica. In the season for erysipelas I added rhus tox. to my case. If there was an epidemic of diphtheria, scarlatina, or sore throat I added phytolacca to my collection of remedies. In the season of typhoid fever, baptisia—but taking the year through I only averaged twelve or thirteen remedies that I carried in my pocket, and I am sure that my success was equal to any physician of the various schools of practice. I have often thought that it would be a good thing for some of our bookmakers to give us a book on "Our Most Reliable Remedies." It need not contain over twenty-five or thirty remedies, but let it teach us how to use them. "Of making books there is no end;" our shelves are full of books on materia medica, and there is much matter to wade through to get a few valuable facts. If my experience in practice has taught me one thing more than another, it is the value of having just a few good reliable remedies that I can depend upon in the majority of cases. Now in the later years of my practice

I do not have many acute cases, and my business is mostly office business. I keep on my desk a case of twenty-four six-drachm vials of medicine, and from that case I can prescribe for most of my office patients.

To the student in medicine and to the young physician, let me say that if you know your *materia medica* as you ought to you will only need a few remedies to heal the sick. Take, for example, just one remedy, gelsemium. Study up all you can find out about it, not only in your own *materia medica*, but consult the *materia medica* of other schools of medicine. It is a giant in medicine and you can actually do more with it than with any other one remedy in the *materia medica*. Personally, I learned very much more of the value of this remedy from experience than from the books. *Phytolacca* is another good remedy. You will be surprised how much you can do with the pokeroor when you know how to use it, and so it is with a dozen more Eclectic remedies that might be mentioned.

New Brunswick, N. J.

Prolapsus Uteri.

BY J. M. MULHOLLAND, M.D.

Read at the meeting of the Eclectic Medical Society of Pennsylvania.

The most ancient writers have described it under the name of *procentia uteri*, and Hippocrates recognized several degrees of the deformity. It seems strange that anterior and posterior displacements were unnoticed until the middle of the eighteenth century, attention being called to them on account of trouble caused by retroversion of the pregnant uterus. Only a few isolated cases of retroversion of the non-pregnant uterus had been accidentally discovered before the present century. Schroeder (1817) was the first to recognize and state that retroversion was quite as common in the non-pregnant as in the pregnant uterus. J. W. Schmitt (1820) soon followed, and described anteversion as a great rarity. It was not until Sir James Simpson (in 1843) brought into use the uterine sound that the frequency of deviation of the uterus became generally known. It is in very recent times only that the binaunal examination has come into general use and given the greatest impulse to the study of uterine displacement. B. Schultz, Cuco, Hewitt and, in this country, Hodge, Meigs and Thomas have contributed no small amount on this subject.

One writer considered all trouble due to inflammation, another to displacement, another to disease of the ovaries. Many of these writers have made valuable contributions, but have usually overestimated their importance. Only about sixty years ago, Dr. J. H. Binnet, of London, convinced almost everybody that inflammation

was the cause of all woman's suffering, and even where a displacement existed it was of but little importance. Since that time it has been proved beyond doubt that displacement often causes the so-called inflammation or congestion, and the only cure for inflammation is in correcting the displacement. No one of experience will question the fact that disorder of position will often result in subsequent disorder to nutrition and sensibility, which may disorder the innervation, circulation and nutrition of the uterus. The important symptoms arise secondarily from the so-called complications, metritis, endometritis, perimetritis, etc., which are caused by the displacement.

Descent or prolapse of the uterus may be of any degree, from that of slight displacement, which accompanies a retroversion, to the complete, where the whole organ is below the pelvic outlet. As a rule, the condition occurs in women who have borne children, but it also occurs in those who have not. Complete and partial prolapse comes on gradually in most cases, but sudden efforts, as lifting, being crushed, or falling from a height, may bring it on acutely by rupturing the round and broad ligaments. Pathology: if complete prolapse, the vagina is inverted. Its posterior wall is prevented from further descent by the sphincter ani. The anterior wall is checked in further descent by its attachment to the bladder, through its insertion at the symphysis. The epithelium of the vagina becomes thickened and like cuticle, in chronic cases may have fine hairs. Irritation may produce local loss of tissue or irregular ulcers. The urethra is dragged down, and is U shaped. The uterus occupies the pouch of the inverted vagina, and both before and behind are culs-de-sac lined with peritoneum. Both are below the outlet of the pelvis.

The further descent of the uterus is prevented by the anterior and posterior vaginal walls, by the utero-sacral ligaments, but more by the broad ligaments. The round ligaments do but little in supporting the organ.

CAUSES.—The starting point of all of prolapse cases is a break in the floor or relaxation of the uterine ligaments, or increased weight of the uterus. With any one of these factors present an increased pressure will produce descent of the uterus. Although the ligament may for a time return the organ to normal position after such effort, yet the continuous strain will in time produce the permanent lesion. Thus we find conditions following labor. Tears in the pelvic floor should warn us against early resumption of duty after labor, for involution of the uterus alone is not all that is necessary, but the elongated ligaments and generally enlarged parturient canal must also shrink, that the organs may have proper support. Rupture of the perineum more than any one other lesion conduces to prolapse, and in the following way: The

parturient woman is naturally inclined to constipation from the very nature of her weakened condition. In attempting to force out the stool by straining the break in the pelvic floor allows of the escape of a good deal of force, and she has to bear down very hard. As she forces the stool down, it does not have the resistance of the perineum, which would naturally direct it backward through the sphincter. The bowel is emptied, the pressure subsides, and the elasticity of the tissues draws up the displaced organs. Frequent repetitions of this, together with other acts of her life which increase this intra-abdominal pressure, gradually bring about the condition we describe as prolapse.

OPERATIVE.—Ventral fixation, or hysterorrhaphy, consists in opening the abdomen by median laparotomy and stitching the uterus to the anterior abdominal wall. The uterus has been stitched to the abdominal walls in various ways, both with and without removal of the ovaries. The results have not been all that was expected of this operation, for a uterus adherent to the abdominal walls is really in an abnormal position. But the risk of an abdominal section is too great for a case of uncomplicated displacement.

The Alexander-Adams operation consists in dissecting down upon the external abdominal rings, catching up the fibers of the round ligaments as they pass through the ring, pulling out as much of them as will restore the displaced uterus, and stitching the shortened round ligament to the pillars of the external ring. Dr. Alexander first performed this operation in 1881, since which time it has been done a great many times, but there still exists a great difference of opinion as to its value. The period of decubitus must be prolonged for a month or more if the patient can be controlled. During the time in bed the uterus will be supported by pessary or vaginal tampon. The second period may be called the period of involution. During this time the contraction and consolidation of the pelvic tissue is going on. If it has been a case of version or flexion, then again there must be an adaptation of the connective-tissue padding to the new position of things—a stretching in one place and contraction in another. During this latter period, which should be considered at least a year, it is generally conceded that it is best to have the patient wear a pessary; though some retain the support only four months.

CONCLUSIONS.—A careful study of the pelvic circulation cannot but interest us as to the best method. The surgical has of late been the only way that we have heard or read of, as our papers have been all in that direction, and patients are taught by the family physician that an operation is the only way to save life. The operations performed by myself have not given the success that I had been led to expect. I now treat most of my misplace-

ments, and I think that I have better success. I have discarded the pessary and use the tampon. The uterus can be sustained by cotton treated with such remedies as seem indicated. When I use a tampon I take of common cotton first what I think will be enough to act as a spring and surround it with absorbent cotton; tie a string so as to pull from all four sides of the tampon, placing such medicine as I think the case requires. By repeatedly packing the posterior vaginal cul-de-sac with tampons in such a manner that the adhesions are gradually stretched, broken and absorbed, and the uterus is pushed into its normal position. This method has the great advantage that it can be applied where the parts are exceedingly sensitive. In a case of "complete displacement," to pack the vagina the patient must be placed in semi-prone or knee-chest position. The latter position should be used in the more difficult cases and the former in ordinary cases, as it is much easier for the patient. I have for the last five years been using the De Vilbiss speculum, which in my hands has taken the place of all the other styles. I have used small bits of absorbent cotton, wrung out of glycerine for packing into the posterior vaginal cul-de-sac. But you will all see why absorbent cotton wrung out of a sal of hydrastis, echinacea or eucalyptus would be better.

As a matter of experience, I have packed too loosely rather than too tightly. The physician should be careful, and even when there is considerable tenderness a well-fitting tight packing gives the most relief. Some patients get immediate relief when the first packing is applied, and are perfectly comfortable during the whole treatment. Others have constant pain and discomfort. If the treatment is painful, the patient must be very carefully managed. A nervous woman, who has often had attacks of pelvic peritonitis, will complain loudly. It is sometimes very difficult to distinguish between hyperaesthesia and real tenderness. In such cases, when the physician has decided that there is no increasing local peritonitis, it is important to persist with the packing in spite of the protestations of the patient. The uterus, often becoming passively congested, is large and tender. The packing acts in this respect like a well-applied bandage on a swollen limb, and often gives the greatest relief, and I find that this treatment is frequently the quickest cure for chronic local peritonitis. The patient may walk about during the treatment, for in this way the adhesions work loose faster. But certain debilitated cases should be kept in bed.

Pittston, Pa.

Amendment to Section 401, Penal Code, State of New York.

Section 401 of the penal code has been amended so as to read as follows:

Any person, who, in putting up any drug, medicine or food or preparation used in medical practice, or making up any pre-

scription, or filling any order for drugs, medicines, food or preparation puts any untrue label, stamp or other designation of contents upon any box, bottle or other package containing a drug, medicine, food or preparation used in medical practice, or substitutes or dispenses a different article for or in lieu of any article prescribed, ordered or demanded, or puts up a greater or less quantity of any ingredient specified in any such prescription, order or demand than that prescribed, ordered or demanded, or otherwise deviates from the terms of the prescription, order or demand by substituting one drug for another, is guilty of a misdemeanor; provided, however, that, except in the case of physicians' prescriptions, nothing herein contained shall be deemed or construed to prevent or impair or in any manner affect the right of an apothecary, druggist, pharmacist or other person to recommend the purchase of an article other than that ordered, required or demanded, but of a similar nature, or to sell such other article in place or in lieu of an article ordered, required or demanded, with the knowledge and consent of the purchaser. Upon a second conviction for a violation of this section the offender must be sentenced to imprisonment, for a term of not less than ten days nor more than one year, and to the payment of a fine of not less than ten dollars nor more than five hundred dollars. The third conviction of a violation of any of the provisions of this section, in addition to rendering the offender liable to the penalty prescribed by law for a misdemeanor, shall forfeit any right which he may possess under the law of this state at the time of such conviction, to engage as proprietor, agent, employee or otherwise, in the business of an apothecary, pharmacist or druggist, or to compound, prepare or dispense prescriptions or orders for drugs, medicines or foods or preparations used in medical practice; and the offender shall be by reason of such conviction disqualified from engaging in any such business as proprietor, agent, employee or otherwise, or compounding, preparing or dispensing medical prescriptions or orders for drugs, medicines or foods or preparations used in medical practice.

Section 402. This act shall not affect or impair any liability, penalty or punishment under the provisions of section four hundred and one as the same existed prior to the time this act takes effect, but the same may be enforced, prosecuted or inflicted as fully and to the same extent as though this act had not been passed; and all actions civil or criminal instituted under or by virtue of said section as the same existed prior to the passage of this act, and pending immediately prior to the taking effect hereof, may be prosecuted and defended to final effect in the same manner as though this act had not been passed.

Section 403. This act shall take effect September 1, 1907.

Tincture of aconite is the remedy of childhood for fever.—*Summary.*

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The Second Row in My Medicine Case.

NO. IX. QUININE SULPHATE.

This is one of our most powerful antiperiodics, and it is of value in many diseased conditions in which periodicity is a prominent feature. Malarial fevers, in all of their varied forms, usually yield to the proper use of quinine, and in many cases it seems to act as a prophylactic.

In speaking of the action of quinine, Dr. G. F. Butler remarks:

"From a practical point of view it is fairly well established that at certain phases of development the malarial parasite offers less resistance to the action of quinine than at others. Thus, in the early stages of the parasite's development, particularly while in the blood cell, the resistance to quinine is very marked; parasitic forms, which are free, swimming in the blood serum, offer less resistance. The best results are obtained from quinine when administered during the stage of fever, or in the period immediately preceding. Early doses of quinine check the development of the second stage, and prevent, in part at least, the segmentation of the parasite. The practical point to be gained from recent studies is that quinine given in the period preceding the fever and during fever is the most effective in the cure of the non-pernicious type of the disease. As it takes from two to four hours for quinine to saturate the plasma this amount of time should be allowed, and a dose of 10 to 15 grains given two or three hours before the chill which is thought to record the breaking free of the parasites from the red blood cells."

The sulphate of quinine is extensively employed, and when clearly indicated it is a very certain remedial agent. It should not be used in large doses unless periodicity is a marked feature of the case being treated. In very small doses it is useful in states of atony and depression. It is especially valuable in cases of prolonged suppuration, such as pulmonary phthisis, fistulous discharges, septicemia and pyemia. As a tonic and restorative during the course of febrile diseases, as well as in convalescence, quinine is highly efficient.

Quinine may be used endermically, and for this purpose one drachm of the powder rubbed up with two drachms of lard or vaseline, and freely applied to the axilla, groin and abdomen, will act well. This method of using the drug is especially adapted to the treatment of small children.

This drug is contra-indicated in acute inflammations of the genito-urinary and gastro-intestinal tract, in acute or subacute inflammation of the middle ear, and in meningitis and cerebritis.

The most marked specific indication for quinine is periodicity, when the tongue is clean or cleaning, the pulse soft, the skin not dry, and the nervous system free from severe irritation.

The dose is from 1 to 20 grains, but 1 to 2 grains will usually be sufficient.

Expressions of the Tongue.

In an able article published in *Ellingwood's Therapeutist*, Dr. C. J. Anderson of Buffalo, N. Y., presents a very instructive study of the tongue as a factor in diagnosis. In part the doctor says:

"The lead-colored tongue is found in cholera, in scirrhus of the tongue, and in gangrene of the stomach and lungs. It is also seen with thrush, and denotes approaching death. The remedies of the most importance, and the ones that seem to stay or hold in abeyance these destructive processes as no other class of remedies do, are minute doses of arsenicum, phosphorus and hypophosphites. The bluish tongue evidences an impairment or impeded circulation of the blood, or a want of oxygen in the red corpuscles. This condition prevails in asthma, croup, whooping cough, diseases of the heart and lungs, cyanosis, dropsy, scurvy, and mercurial inflammation. Any remedy or means that will increase the pulmonary circulation will remove or abate this symptom.

"A moist tongue, in general, is to be regarded as a favorable symptom and is an evidence of increased functional activity, but in septic fevers with exhausting perspiration it has no such favorable meaning. Sometimes paleness of the tongue is associated with atony of the digestive canal.

"A dry tongue is found in many morbid conditions associated with fever. Where the tongue is dry, the digestive powers are surely impaired and the stomach and bowels must have rest. The food must be liquid, of a plain character and 100 degrees temperature to be used without injury. Great dryness of the tongue, associated with redness is a typical typhoid symptom of great import. The dry tongue of infants is generally followed by internal inflammation and thrush.

"The temperature of the tongue evidences congestive and inflammatory states of the body; when very hot, also precedes thrush in infants.

"A cold tongue is found in spasms, chills, loss of blood, apoplexy, internal gangrene and cholera. In fevers when the tongue becomes cold, there is great prostration and impending death.

"The coatings of the tongue must be studied with much care; they generally mean more than 'biliousness.' The tongue may be coated without indicating morbid action or systemic derangement.

It is generally coated in the morning when the stomach is empty; after a siesta; after night watching; with tobacco or other substances, and this habit is indeed a most filthy and unseemly one. We have many coatings that are very expressive of the various conditions of the viscera and the blood.

"The tongue may have a slight coat at the base, which does not mean a great deal. Some persons have it even in health. A heavy coated tongue at the base, means foul accumulations in the stomach, and asks for an emetic to wash away the morbid matter; but who would think of giving an emetic when the tongue was dry and red. Yellow coatings generally indicate hepatic or intestinal torpor and call for small doses of *nux vomica*, *podophyllin* and *hydrastin*, but not for the heroic cholagogues, or the old time emeto-cathartics. Much more good will be accomplished with small doses, often repeated, than with the large and harsh ones.

"Single yellow streaks on a white coated tongue, indicate obstinacy of the disease. A peculiar buff leather appearance is found in cases of enteritis and hepatitis. These cases are often successfully treated with *chionanthus* or *chelidonium*.

"A green, cheesy coating calls for attenuated doses of *cuprum*. A broad tongue, with dirty fur, means sepsis of the blood, and a depraved condition of the secretions. It may be a dirty white, a dirty brown, a dirty gray, or a dirty yellow, but the dirty, grimy, freckled looking tongue always calls to the mind antiseptics and cleanliness. If the coating is a dirty white, sulphite of soda is the remedy. If dirty and a natural redness be present sulphurous acid; or, if dirty, with increased redness, muriatic acid, *baptisia* and the tonics.

"All shades of brown or black mean blood disintegration or contamination; the darker the hue the more grave the symptom, all pointing to death of the blood; to hemorrhages, typhoid or septic conditions. Where these coatings are associated with unnatural redness, the mineral acids, *baptisia*, *echinacea*, iron and in some cases chlorate of potash are the remedies of the most importance and reliability.

"The coatings at the tip of the tongue are found most often in phthysical subjects, or those of a strumous diathesis. One-sided coatings are found in one-sided complaints, as paralysis, prosopalgia, single pulmonary complaints, and in spleen and liver diseases.

"A fissured tongue is found in lesions of the kidneys and irritation of the nervous system. A patchy tongue is found associated with irritation or local inflammation of the stomach, and in some lung diseases.

"A black coating, in dysentery, indicates extreme exhaustion, mortification and death. In jaundice it evidences structural change in the liver and spleen, as induration, tubercles, abscesses and cancers. In smallpox, it is a harbinger of death.

"The tongue changes its form and size as the condition of the body varies from the normal standard. We find the large, long tongue most conspicuous in chronic hydrocephalus and idiots. A small tongue, if not congenital, is found in consumptive diseases, atrophy, paralysis of the tongue, and irritation of the brain and spinal cord. A sudden diminution in the size of the tongue denotes, in inflammatory diseases of the liver and lungs, formation of abscesses or general exhaustion. A gradual decrease in the size of the tongue denotes gravity in such diseases and is an indication of serious brain affections.

"The full, broad, thick tongue is evidence of weakness or atony of the mucous coat of the digestive canal. The elongated, pointed tongue, with red tip and edges, tells us of irritation and determination of blood to abdominal viscera, with excitation of the nervous system. Here great care must be exercised in treatment; too much medicine must not be given; all irritants and cathartics must be avoided, and all solid foods; give small doses of aconite, ipecac, of amygdalas, or bismuth; the redness will soon fade away and the tongue assume its normal size and shape. The congestive capillaries will unload, normal secretion will be established, and healthy function be restored.

"The narrow, pointed, thin, pinched, shrunken tongue, tells us of a loss of functional activity in the digestive apparatus, of hemorrhages, of atrophy and of consumptive diseases. This condition is sometimes found in persons who are suffering from the want of healthy food in sufficient quantity, or in an advanced stage of acute disease. Here good food is necessary, but great care must be exercised or unpleasant symptoms may arise; liquid food in small quantities may be given frequently until the normal function is restored, then more liberally.

"The thick, swollen tongue is to be found in rachitis, cretinism, chronic hydrocephalus, and obstinate dyspnoea, chronic inflammation of the mucous membrane of the stomach, mercurial ptyalism, catarrhal affections, inflammation of the tongue of old drunkards, after death from strangulation or suffocation; in old age, it is a forerunner of apoplexy."

Importance of Materia Medica.

It is seldom that one finds in an old school journal such a forcible argument in favor of a thorough study of materia medica as is contained in the abstract given below. It is taken from a lecture by Prof. James Burnett, of Edinburg, Scotland. If the professor is not more careful his brother Osler may suggest the use of chloroform.

"Materia medica is important because a knowledge of this subject is essential to the scientific treatment of disease, and, after all, it is the treatment that counts with the sick man and his

friends. What do they care whether the doctor knows all about the hundred and one obscure things in medicine. He may know nothing about the latest investigations on the brain or the newest facts about cancer, but he must know how to *treat* disease. This is what the patient and his friends will criticise. Results are wanted, and unless you know how to treat disease you certainly won't get results. Some people do get better in spite of incorrect treatment, but this is only a lucky chance, and is by no means the case in real illness. Now, remember, gentlemen, if you don't know anything about *materia medica* you will be unable to prescribe for your patients, and instead of prescribing you will fall into the very reprehensible habit of "ordering" drugs, just as one does tea or sugar. In other words you will tell your patients what to get, and so they will get to know the names of drugs, a knowledge which is a danger to the public and anything but a paying business for the practitioner.

"Hundreds of medical men to-day are unable to prescribe simply because they neglected the study of *materia medica* while students. To the rescue of these poor benighted mortals comes the manufacturing chemist with his tablets, put up in tempting little bottles with the prescription for their ingredients printed on the labels. Of course the public get hold of these and now, instead of seeking the advice of the doctor, they try a bottle of appropriate compressed tablets and drug themselves. The manufacturer builds his mansion, scatters his thousands to charity, and grows sleek and fat, while the hardworking general practitioner, who has got into the habit of ordering these pernicious wares, toils on struggling to make ends meet and grovels in the dust before the manufacturer's chariot as it rolls on in all its glory. You cannot be told too soon in your curriculum that you should never order compressed tablets or special preparations if you wish to succeed. Get into the habit of prescribing. Don't tell your patients what they are getting, and whatever you do never tell the patient to get so much of this, that or the other drug, if you wish to retain your patient's confidence. I can assure you that the practitioner who knows his *materia Medica* has a force at his command which gives him a great pull over his less fortunate colleagues.

"Another bit of advice I wish to give you is to form the habit early of thinking for yourselves. Be original. Don't take anything for granted. Don't believe every word you read in praise of new drugs. A great deal of rubbish is put on the market with a flourish of trumpets today which to-morrow passes into the realms of the forgotten and unknown. If everyone would think for himself of course nobody would be misled, but unfortunately this is not the case. Consequently, I urge you strongly to form the habit of thinking for yourselves. Sometimes the original man is misjudged by his fellows, but no discovery in science was ever

made by the man who followed the beaten track. You *must* get out of it if you are to be of any real service to medicine. In these days there is too much sheep-like groping after knowledge. We want more originality, more reliance on self, and less dependence on our fellows.

"So with *materia medica*. Gentlemen, I have no hesitation in saying that if when you qualify you know the contents of your *materia medica* you will be, indeed, original; you will have got out of the beaten track. You will differ from your fellows who have not listened to these words, and who regard the study of *Materia Medica* as a waste of time. I could go on speaking for an hour on the value of the study of *Materia Medica*, but perhaps I have said enough to imbue you with a sense of its real value as a means to an end."

Chrysanthemum Parthenium.

BY JOHN ALBERT RURNETT, M.D.

The common name of *chrysanthemum parthenium* is feverfew and featherfew. The part used is the herb, and it is used in various conditions, both externally and internally. Dose of the fluid extract from 15 drops to two drachms. It is a non-toxic agent and reasonably safe in most all common conditions.

Chrysanthemum is not a new drug, but one that has been used for a number of years by certain classes of physicians. By some it may be called an obsolete remedy, but truth is eternal. It is just as important as a therapeutic agent to-day as it ever was.

This remedy is mildly stimulating, but where much stimulation is needed it must be combined with more active agents. It is relaxing and influences the skin, especially when a hot infusion is given, or the fluid extract given in hot water. It then influences the skin to the extent of diaphoresis, which makes it of value as a febrifuge in some diseases, such as pleurisy. Its relaxing influence makes it of value in parturition when the os is tense and does not dilate. *Chrysanthemum* has some influence on the nervous system, mostly of a relaxing nature, and could be called a relaxing nervine and through its influence on the nervous system and as a stomachic it is a general tonic and can be used with good results in many asthenic conditions. It is emmenagogue and will quickly relieve suppression of the menses when suppressed from cold, or start the lochial discharge if stopped by cold. It likely stands next to *leonurus cardiaca* in such conditions, and our best substitute for *leonurus* when it is not at hand.

This remedy possesses carminative properties and has been used in flatulence, atonic dyspepsia, etc. It is a superior tonic to the stomach, acting somewhat like *hydrastis*. It relieves hyperemic conditions of the mucous membrane of the stomach in similar manner as it relieves hyperemic conditions of the female generative organs, and is very serviceable in eructations and general indigestion.

The circulation is influenced by chrysanthemum. It equalizes the circulation and relieves the head and brain of an excess of blood, similar to gelsemium and potassium bromide, quieting the nerves and any tendency to convulsions, same as these two remedies. I will state here that corallorhiza adontorhiza has a similar effect on the brain and female genital organs to chrysanthemum.

In speaking of chrysanthemum Dr. T. J. Lyle says: "Its influence upon the circulation tends toward the surface, and with proper hepatics, it assists in relieving the circulation of impurities, especially in uraemia and cholaemia." Dr. Lyle further says: "With proper hepatics it assists in the relief of engorged liver, whether it be from congestion or inflammation." The proper hepatics would be similar agents to chionanthus, apocynum androsemifolium, juglans, etc.

Chrysanthemum has some influence on the genito-urinary organs. It has been used in amenorrhoea, dysmenorrhoea, hysteria, puerperal fever, and, with cactus, for nervous conditions caused from the use of tobacco or liquor. Its use in hyperemic conditions resembles a potentised preparation of ferrum phosphoricum and a potentized preparation of bryonia, although it has more influence on the mucous than the serous membranes. It is a very good remedy in some cases of pleurisy, pneumonia, bronchitis, etc., as it has a tendency to relieve the hyperemic condition which is present. It reduces congestion and inflammation. In parturition it strengthens the pains when not true enough, relieves rigidity of the os uteri, and causes contractions of the uterus. The dose should be regulated when using it in such cases unless it is combined with such agents as myrica cerifera and capsicum.

In colic this remedy can be combined with dioscorea. It can be used in combination with various remedies in various diseased conditions, as in amenorrhoea with leonurus, macrotys, smart-weed or mistletoe. Dr. W. H. Cook used a diaphoretic mixture as follows: Four ounces of asclepias, two ounces chrysanthemum and one ounce each of lobelia and zingiber. A heaping tablespoonful of the mixed powder to a pint of boiling water. Dose two to six tablespoonfuls every 20 or 30 minutes. Dr. Cook said: "It promotes a sweat in all forms of fever and inflammation. In considerable quantities it is quite nauseating, which is all the better for such patients." Dr. Cook used this diaphoretic mixture in "milk leg" when there was fever, and for "caked breast" after confinement.

There are many other conditions in which feverfew can be used with good results, and it should be more generally known.

Chrysanthemum is used in hot fomentation over the lungs, stomach or abdomen, in either congestion or inflammation. It would no doubt prove to be of value in sprains and bruises.

Auburn, Ark.

Calcium-Sulphide.

In an article published in the *American Medical Journal*, Dr. F. H. Williams, of Bristol, Conn., gives his experience with calcium sulphide in the treatment of gonorrhoea as follows:

"I would like also to call attention to the use of calcium sulphide in specific blenorrhagias. Within the last three years I have entirely remodeled my treatment of this class of patients. I usually reduce the primary fever with aconite and gelsemium; and if I get the case early, I use the third trituration of kali chloride a few days, as this will often abort a case that is confined to the extreme front of the urethra. But if the discharge is profuse or extremely acrid, I begin the use of calcium sulphide at once. In some cases I push it to rapid saturation, having used as high as seven grains a day, till headache sets in; but usually I put about one teaspoonful of the first trituration to six ounces of water, and give one teaspoonful every three hours. This generally shows relief in a few days; if persisted in with proper dietetic and hygienic regimen on the part of the patient, will generally work a good cure, which is more than can be said of the classical treatments. There is another point in the use of calcium sulphide. The effects of the high dosage are, often perhaps always, to discourage the passions; so the patient, being relieved from the excitement of his lust, behaves better and more quickly gets rid of the inflammation. Of course we need remedies to meet complications, and around this simple treatment one can build up accessory aids."

Gelsemium in Hiccough.

Dr. L. F. Bugg of Leary, Georgia, in writing to *Ellingwood's Therapeutist*, reports a case of singultus in which he employed gelsemium with marked success. The doctor says:

"The man told me that on the previous Friday afternoon he had a coughing spell and the spasms started then and had continued regularly since. I saw him Sunday about noon. He was gradually becoming exhausted from the convulsions and pled with me to do something to relieve him. I made a hurried but close examination and saw that he must have relief at once. There was the true specific indication for gelsemium—bright eyes and contracted pupils. The pupils were what I would call 'pin head.' I administered fifteen drops of the fluid extract every fifteen minutes for one hour. I could observe no relief until about twenty minutes after I gave the last dose, when I noticed that the spasms were coming at longer intervals and with less force. Being satisfied that the treatment was going to do the work I gave him a half teaspoonful more of gelsemium and went home to dinner, telling the family I would return in about two hours. I was gone but one hour and a half from the time I left until I got back, and to my great pleasure I found the man resting easy and the hiccoughs entirely subsided."

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Kansas City in June, 1908. L. A. Perce, M.D., president; W. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March 1908. G. W. Thompson, M.D., president; E. H. King, M.D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., Secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearlstien M.D. secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. Electa A. Brown, M.D., president; Pitts Edwin Howes, M.D., secretary.

National Eclectic Medical Association.

The secretary of the National Eclectic Medical Association earnestly requests the co-operation of the officers and members of our state organizations. He particularly requests that the corresponding secretaries of the various state organizations place themselves in direct communication with him so that he may be able to keep them and through them the various societies in touch with the work of the National Association.

Last year much good resulted from such communication and interchange of correspondence, but it was not as complete and thorough as it should have been, therefore the necessity of this appeal at this time. Be prompt. Don't delay. Your society may lose much that may be of benefit to it by your failure to send name and address to the secretary of the National Association. The secretary is desirous that every Eclectic in the country should have a copy of the report of the advisory committee, which contains most interesting information and should awaken and hold the interest and touch the pride of every believer in Eclectic therapeutics and principles. It also reports on the action of the American Medical Association in its attempt through its educational committee to discredit all private medical schools; and recommends in this particular the appointment of a council on education to consist of five members, having for its object the general aid and advancement of all Eclectic medical colleges and similar institutions in the United States. It also contains the suggestion that the dues of the various State societies be so adjusted that a member in good standing in a State society becomes a member of the National by the payment of a per capita tax of two dollars.

You can see from this short synopsis the importance of the first request—that officers of State societies send their names and addresses to Dr. William P. Best, Indianapolis, Ind., secretary of the National Eclectic Medical Association.

Indiana Eclectic Medical Society Resolution of Respect.

Resolutions of respect in the memory of Dr. Henry Long, who departed this life June 23, 1907.

Whereas, In the dispensation of an all-wise Providence it has pleased the Creator of the universe to remove from this life Dr. Henry Long, one of our most able and highly respected physicians, last remaining charter member of the Indiana Eclectic Medical Association, one of the original members of the National Association, and one of the organizers of the Marion County Association, who filled the chair of surgery in the Eclectic College of Physicians and Surgeons; be it

Resolved, That in the death of Dr. Long the Marion County Eclectic Medical Association has lost one of its most faithful members and worthy president.

Resolved, That in all his relations in life, as a teacher, physician, friend and citizen, he represented the highest type of manhood—one who possessed the courage of his convictions and was ever ready to defend them.

Resolved, That a copy of these resolutions be spread upon the minutes of the Marion County Eclectic Medical Association, and a copy sent the neighboring Eclectic medical journals for publication.

Oliver S. Coffin,	} Committee.
Alex. C. Smith,	
Albert E. Teague,	

Selections

Doctors Organize to Oppose American Medical Association Methods.

(Special to The N. Y. World.)

Chicago, Sept. 2.—A national association of physicians, opposed to the American Medical Association, was organized to-day. Dr. Charles McCormick was chosen president, and Dr. C. W. Crosby secretary. Both are Chicagoans.

In the call sent out the American Medical Association is denounced as a trust. Fifty physicians responded to the call.

The object of the new association is protection against malicious prosecution of every kind. It will demand that health boards be made up of men from all walks of life and not exclusively of physicians.

The constitution of the American Medical Association is characterized as "worthless, incompetent and misleading." The preamble asserts that the American Association keeps its members under "a code of ethics," and by threat of discipline restricts the practice of medicine and by underhand methods secures laws that make puppets of health boards.

ORIGIN OF CANCER REMAINS A MYSTERY.

French Students of the Disease Admit Failure.

(Special Cable to the N. Y. Times.)

Paris, Sept. 7.—The results of the latest French research into the origin and nature of cancer, published by Dr. Borrell in the Pasteur Institute's official organ, are somewhat discouraging. No real insight into the disease has been obtained.

Dr. Borrell favors the theory that cancer is due to a parasite, although it bears no resemblance to other parasitical diseases. The doctor, nevertheless, admits that innumerable experiments have failed to throw light on the beginnings of cancer, outside of cases in which the disease has been artificially produced by grafting or inoculation.

Dr. Borrell has paid special attention to the theory of contagion, which seems to derive support from the recurrence of cases among human beings who have lived at different periods in houses presumably infected with cancer germs. He remarks that mice kept in certain cages show exceptional susceptibility to cancer, but all efforts to obtain scientific proof of the conveyance of the disease from house or cage to men or mice have proved fruitless.

One point that seems to be established definitely is that cancer is not hereditary. Descendants of cancerous mice have been kept under observation through many generations in the Pasteur Institute, invariably without showing any trace of cancer.

Recent researches also indicate the existence of acquired immunity. Dr. Borrell inoculated 100 mice, and fifty-five became cancerous. A second inoculation tried on the remaining forty-five produced cancer in 15 per cent. of the cases. The rest, which were inoculated a third time, remained perfectly free of the disease. Here is possibly the germ of a system of vaccination as a preventive of cancer, on the same principle as vaccination against small-pox.

One of the most mysterious features of the experiments with mice is that many, after developing genuine cancers, completely recovered, while others succumbed. No explanation of the difference has yet been found.

Outside of the surgical operation, it is stated that there is no method of combating cancer, though radium, which has a vigorous action on cancer, both in mice and man, may perhaps prove useful to humans when its action is better understood.

The gist of Dr. Borrell's article is that nearly everything still remains to be learned about cancer, which, he says, is a disease peculiar to itself, offering no real points of comparison with other diseases.

The medical officers of the city of Paris are making observa-

tions with a view to ascertaining whether some houses are especially liable to produce cancer in their occupants. Dr. Fillassier reports that 1,062 deaths from cancer occurred in Paris in the last five months of 1906. In 1,008 houses there was only one death apiece. The largest number in any one building was four. The observations will be continued over a long period, and experts will carefully investigate conditions wherever a second case of cancer occurs.

The Three Ages of Woman—Third Stage.

With the climacteric, the sexual life of woman is brought to a close, and is considered by some authorities as the most critical era of her existence.

Various disturbances of the circulatory, nervous and digestive systems as well as of the pelvic organs are usually characteristic of this period and are manifested many times by hot flashes, headache, melancholia, vertigo, neuralgia, etc.

For its calmative and sedative action upon the nervous system as well as for its normalizing effect upon the vasomotor system, Hayden's Viburnum Compound seems to have proven, as a result of twenty-six years of clinical investigation, to be a most satisfactory remedy from a therapeutic standpoint for administration just preceding, at the time of and following the menopause.

Antiphlogistine Versus Opium.

Inflamed states of the various organs of the body frequently give rise to pain of such urgent character as to demand active steps looking to its relief. Upon seeing the patient for the first time (he has called his physician because his suffering has become intolerable), the medical attendant is met with a peremptory demand for relief from the suffering.

With a willingness which frequently overrides their better judgment, some physicians resort to the hypodermic needle indiscriminately, and, in too many cases, a greater evil has followed the lesser one. The free habit of using morphine or some other form of opium is not a judicious practice, and for several reasons. The exact seat of an inflammation, for instance, might become difficult to locate, and thus a clear diagnosis be interfered with. But the greater objection to the use of opium is the possibility of adding a recruit to the ever-growing army of habitues.

Every time there occurs to a doctor the apparent need for opium he should deliberate well before resort is had to the needle. If, after careful consideration, his best judgment advises the use of opium, it should be given in some form by mouth. If the needle is used the patient at once knows what he is getting, but he is not likely to acquire this information if it be given otherwise.

For relieving the pain of the inflammations Antiphlogistine will easily take the place of opium. The relief following may not

be so prompt and so complete, but the edge of the suffering is taken off within a short time, and soon the patient is in a comfortable condition and has escaped the possibility of becoming addicted to a drug. There is not the likelihood that a patient, relieved from pain by it, will begin eating or using Antiphlogistine in any other way—which likelihood is the greatest disadvantage of opium.

In the future let your morphine become stale, and keep your Antiphlogistine fresh—use it in inflammation.—*The Medical Era*.

The Use of Adrenalin During Ether Anesthesia.

BY CHARLES S. VENABLE, M.D., CHARLOTTESVILLE, VA.

(From the Virginia Medical Semi-Monthly, February 22, 1907.)

Recognizing that my experience in the use of adrenalin during ether anesthesia is but very limited, covering a course of only eighteen cases, and knowing the many fallacies attendant upon too early conclusions, I feel a great hesitancy in making this report. However, owing to the uniform result that has attended its use, I am prompted to do so now.

I found that 25 per cent. aqueous solution of the standard 1 in 1000 gave the best results, and that by first pouring ether in the towel cone and spraying the adrenalin solution on it, depending on the ether to vaporize it sufficiently for inhalation, was the best mode of administration. Three to six-minute intervals are sufficient for its use and a total of from one-half to one ounce of this solution is enough for an operation lasting from thirty minutes to an hour. The effects are a more uniform etherization, the pulse becoming steadier, slower and of better character more rapidly than under ether alone; respirations are quiet and regular, the bronchial secretions are practically checked, and the progress of the operation is not interrupted.

These cases were not selected, and among them were old alcoholics; two women over sixty, one of them nearly eighty years of age. Three were very long tedious operations, lasting over two hours, and in none of the series was any stimulation required during the anesthesia. Recovery from the anesthetic was uniformly good; there was practically no post-operative shock, and no stimulation was needed in any one of the cases; only two patients vomited at all and very little nausea was complained of.

From the foregoing facts I conclude that owing to the contraction of the smaller vessels the bronchial glands secrete less mucus, and there is better aeration in the bronchioles and pulmonary vesicles, less ether is required to produce anesthesia, and there is less probability of ether pneumonia following. The adrenalin, acting generally from absorption, is a powerful stimulant; it materially lessens shock, lessens the capillary ooze at the field of operation, and is of great benefit to the much-weakened patient.

The Cure of a Case of Osteomalacia.

In an article on the suprarenal glands and osteomalacia, in the *Munch. Med. Wochenschrift*, 1907, p. 278, L. M. Bossi, of Genoa, describes the almost marvelous cure of a serious case of osteomalacia by subcutaneous injections of adrenalin. The patient was a multipara, 38 years of age, who was enciente in the eighth month and had a well defined osteomalacia. After seven hypodermatic injections of adrenalin, each of which consisted of $\frac{1}{2}$ cg. of adrenalin of the 1.1000 solution, the patient fully recovered.

Book Reviews

Five Hundred Surgical Suggestions. — Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, B.S., M.D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; Editor-in-Chief, *American Journal of Surgery*, and Eli Moschcowitz, A.B. M.D., Assistant Physician, Mount Sinai Hospital Dispensary, New York; Associate Editor, *American Journal of Surgery*. Second Series. Duodecimo; 125 pages. New York: Surgery Publishing Co., 92 William St., 1907. Price, \$1.00.

It is not surprising that the first edition of "Surgical Suggestions" was quickly exhausted. The attractive little volume was most favorably received by reviewers, and its contents—the snappy, practical "suggestions"—have been reprinted again and again by medical journals all over the country.

In this second series all the surgical suggestions of the first issue have been incorporated, and as many more, making a total of five hundred terse, useful "therapeutic hints and diagnostic wrinkles." Several new topics have been thus introduced and the old ones much expanded. An index is provided. The paragraphs, as before, have all been suggested by the authors' own observations. Many of them are bits of wisdom that are not to be found in the text-books. We do not believe that even an experienced surgeon will fail to find among these five hundred suggestions some hints that will repay him many fold for the leisure hour spent in reading this small manual. And to those who have not enjoyed many years of active surgical work, five hundred practical, epigrammatic surgical dicta will surely prove immensely helpful. The internist is concerned in the diagnosis of surgical and borderline affections, and to him, also, we commend the many diagnostic hints between the covers of this little book.

As before, the publication has been prepared in a manner worthy of its unique contents. It is a pocket manual de luxe!—printed in attractive Cheltenham type, on antique India tint paper,

with marginal headings and subheads in contrasting ink, and with an artistic binding of heavy cloth, gold-lettered.

We warmly commend this book. Those wearied by searching for information through ponderous text-books and lengthy articles will find actual refreshment in *Surgical Suggestions*, everyone of the 500 paragraphs of which is a separate and useful bit of practical knowledge.

Essentials of Medical Gynecology. By A. F. Stephens, M.D., Professor of Medical Gynecology in the American Medical College, St. Louis, Mo. 12mo, 428 pages, fully illustrated. Cloth, \$3.00. The Scudder Brothers Co., Publishers, Cincinnati, O.

Professor Stephens hardly needs an introduction to the readers of this journal, to which he has been a valued contributor for years. It has been said that kindly medication has been the making of many a young Eclectic physician, in the treatment of diseases of children. It can be said with equal truth that the successful treatment of most diseases of women by medicine helped make the reputation of Scudder, King and Clark. For forty years their works were classic, on account of their strong ideas on medication.

Prof. Stephens is a firm believer in medicine in the treatment of these diseases, but he does not decry surgery when necessary. This work is just what its name implies—an attempt to show that specific medication, properly used and used early, will cure most of these diseases. This book has long been needed by our school, and will undoubtedly meet with hearty approval. It will be reviewed again later.

The Bright Side of Kissing and the Dark Side. Murray Hill Publishing Company, New York.

This booklet of forty-eight pages is a combination of a novelty and a book with a purpose. Two sets of moving pictures are the attraction, while a sanitary lesson versus the risks of careless and promiscuous kissing fulfills the purpose. Half the reading matter consists of pleasantries that make easy reading for all who have any relish for little gems of poetry and romance; while the remaining half of the text might be called a doctor's sermon on kissing, with a view to lessening its risks, and the contagions conveyed thereby. Two safe and sanitary modes of kissing are recommended for all who feel the need of such a vent for their emotions, but the how is a secret only imparted to the purchaser of the book, and is no doubt fully worth the small price of 20 cents.

Items

The article on *Plantago major*, which appeared in the August issue of the Review should have been credited to Dr. J. A. Burnett, Auburn, Ark.

To complete our files at the college we need the catalogues of 1872 and 1873. We will gladly give a year's subscription to the Review in exchange for these numbers.

If you have not received this year's catalogue of the Eclectic Medical College of the City of New York, we will gladly send it to you on request.

The New York Specific Medication Club held its first meeting for the season of 1907-8 on Thursday evening, September 12. The attendance was very good. The drug studies for the evening were iodine and zinc.

Dr. M. H. Hennel, formerly of Coshocton, O., will open an office at Asheville, N. C., early in November. The doctor has for many vertisements and to patronize the advertisers.

Dr. E. H. Pratt, of Chicago, will hold a free clinic in orificial surgery at the Hering Medical College, corner Wood and York streets, Chicago, Ill., for three days, September 24, 25 and 26, 1907.

The "Review family" is requested to carefully look over the advertisements and to patronize the advertisers.

The Eclectic Rod and Gun Club has not been very active this summer. What's the matter with "Weary" anyway?

Mr. Almeron King, father of our state secretary, died shortly after the doctor's return from the Los Angeles meeting.

Dr. George W. Manwarren died at Fairbury, Ill., June 25. He graduated at the Eclectic Medical College in 1891.

The "Prince" will wield the scalpel in place of the scepter during the coming winter.

"Uncle Sam" will continue his course on "Up Stair Tricks." There will be "Gunning" there too.

Dr. James Moran is now located at 143 West 71st street. It will now be easy for "Papa" to keep a watchful eye on him.

Our friend from Mud Lake has just returned from a fishing trip. He looks fine and in good condition for the bowling contest.

Miss Susan Elizabeth, daughter of our good friend Dr. Frederick Wallace Abbott, has been honored by having a very pretty song dedicated to her.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. X.

NEW YORK, OCTOBER 15, 1907.

NO. 10.

Eclectic Medical College.

College opened with a good class, and students and faculty are pleased with the re-arrangements and additions that have been made. With the march of time, so many improvements and additions have been made to the college that the student of five years ago hardly recognizes the school. Laboratories now occupy the entire second floor. Lockers have been added so that each student can have his individual wardrobe closet. A new commodious lecture room and a fine convenient recitation room are among this year's additions. We want our friends from the country to come in occasionally and see what we are doing. They will all be welcomed whether they bring a student with them or not.

Epidemic Influence.

It has frequently been remarked, and with a goodly degree of reason, that there are seasons of a peculiar epidemic influence which controls many of the activities of the human mind. In some of these epidemic seasons there seems to be an almost universal desire to commend every well-intended work, and to overlook such shortcomings as are incidental to all human undertakings of any great importance, while in other seasons the bent of the human mind seems to be in the opposite direction.

In these latter seasons every prominent man whose mind has been accustomed to follow some narrow or special line of thought is very likely to be seized with an uncontrollable desire to denounce something, and that "something" is usually connected with a subject of which the denouncer has very little knowledge. In certain seasons clergymen are perhaps most frequently afflicted with this epidemic influence, although writers of fiction are often able to do the denouncing stunt in a very acceptable manner.

Judging from what has lately appeared in the lay press, one might be justified in thinking that we are now entering upon a season rich in ministerial denunciations, for such productions are to be seen almost daily. The most intemperate and unjust of these denunciatory tirades, however, is that which is said to have been

recently hurled at the medical profession by one Rabbi Silverman. But, then, we must not be too hard on the Rabbi, for when the epidemic influence got him by the tongue he just had to denounce something. The members of the medical profession will undoubtedly go right on relieving suffering and prolonging life, just the same as if the birth of the Rabbi had not given to the world a silly talking churchman, and he will doubtless prove a submissive patient when the time comes (as it surely will) for the old gentleman to call in the doctor.

J. W. F.

Dr. Lilian A. Willis.

It is with feelings of the deepest regret that we publish the sad tidings that Dr. Lilian A. Willis died at her home, No. 1-3 Astor Place, Jersey City, on Monday, October 7, of a complication of diseases.

She was the daughter of Dr. Mary A. Willis, one of our graduates of some twenty years ago, and was associated with her in a loving professional co-partnership for many years.

Dr. Lilian Willis, born at Trumansburg, N. Y., spent her childhood there, and in 1894 came to New Jersey, and entered the Eclectic Medical College of New York City in 1895.

Her college career was (as she often expressed it) the happiest period of her life; for, gifted with an infectious laugh and a poignant sense of humor, she naturally became the center of a cheerful coterie of college associates, who laughed their way over the rough places in college life that studies became easier in the accomplishment, and when, in 1899, her day of graduation arrived, she passed through with high honors.

In Beachonian Society affairs Dr. Lilian took a leading part, and many a fraternal gathering was enlivened by her resourceful plans for the betterment of the society. Although never very robust, Dr. Lilian possessed remarkable powers of endurance until some weeks ago, when a severe mental shock so completely prostrated her that she seemed to lose her grip, and sank slowly from that time. Although so very ill, no one seemed to realize that her condition was alarming, until on Monday night there came a sudden turn for the worse, and almost before those friends and relatives at the bedside could realize that a crisis had arrived, Dr. Willis breathed her last.

Dr. Willis was physician to the Ladies' Order of the Maccabees of Jersey City. Later she was appointed for Hudson County, and had also been proposed for the state.

Funeral services were held at the family residence, No. 1-3 Astor Place, Jersey City, on Thursday, October 10, and interment took place at the former home in Trumansburg, N. Y.

C. L. G.

Original Articles

Pneumonia.

BY M. W. HENRY, M.D.

In reading recent medical journals, I frequently meet with statements that seem very strange to me, being so very different from my own experience in the treatment of the same or similar diseases. I am led to this train of reflections by reading a paragraph from an article by a professor of therapeutics and clinical medicine in the Tennessee Medical College, Knoxville, Tenn., which seems to be set forward as authoritative, as it is published without comment. He commences his article on pneumonia with a quotation from Dr. Osler as follows: "Pneumonia is a self-limited disease and runs its course uninfluenced in any way by medicine. It can neither be aborted nor cut short by any known means at our command. Even under the most unfavorable circumstances it will terminate abruptly and naturally without a dose of medicine having been administered. So also under the favoring circumstances of good nursing and careful diet the experience of many physicians in different lands has shown that pneumonia runs its course in definite time, aborting sometimes spontaneously on the third or fifth day or continuing until the tenth or twelfth," etc. It appears to me from an extensive experience in the treatment of pneumonia there are some very erroneous and grossly misleading statements made to the medical profession in this brief quotation without any adverse criticism as an much dreaded disease was confined principally to the latter half of authoritative guide to the medical profession. My treatment of this the nineteenth century and it was based strictly on the materia medica and therapeutics as they were taught in the Eclectic Medical College and in the writings of such veteran reformers as Drs. C. G. Jones, Morrow, King and Beach, etc. I do not deny that some of the milder cases are self-limited and that the "*vis medicatrix naturae*" will sometimes be sufficient to restore the patient to his former state of health, but this does not imply that much may not be done to mitigate the symptoms and to conduct the patient through it to an earlier and more perfect convalescence. The most of the curable diseases to which the human family is subject are more or less self-limited but no one will deny that much may be done to mitigate and in many instances to abort such cases and this we call curing the patient. In this way patients are relieved without receiving any serious shock to the constitution or lowering the vital powers and it is infinitely better for the patient than to have to wear the disease out or let it wear him out. My experience has taught me that all curable cases of pneumonia can be greatly modified and the patient be safely brought through to an early convalescence by a rational and almost harmless course of treatment. In

most of the cases I would have all of the urgent symptoms under complete control in forty-eight hours. In a few rare cases we meet with a dull leaden color of the skin, purple lips and purple nails, which symptoms indicate a very imperfect condition of the blood from some cause, and I believe that there will be a large mortality in spite of any treatment that may be adopted. I suppose that such symptoms occur more frequently since the coal tar derivatives have been introduced as arterial sedatives. There are cases of the disease brought on by violent concussion and the breathing of irritating and poisonous gases which it is only necessary to mention by way of exclusion, for each of these cases will require treatment adapted to the particular case. I have observed that an epidemic influenza has recently prevailed or is in progress more or less of the type of la grippe at the time of an outbreak of pneumonia. These influenzas create an inflammatory state of the blood with a strong tendency to establish irritation or inflammation of the mucous membranes. This irritation and inflammation descends down the trachea and bronchial tubes and their almost innumerable branches into that very delicate structure the parenchyma of the lungs and communicates its inflammation to it and that is the beginning of most of the attacks of pneumonia. It will be observed from what I have above written that I believe that most cases of pneumonia are based upon some other more or less obscure ailment, which it is very important to discover and remove or mitigate, so that it will not seriously complicate the pneumonia. One of the things that I generally did on being called to a case was to administer a mild but active cathartic and remove from the alimentary canal all acrid and irritating secretions. This will be sufficient for catharsis for several days, but if the patient continues to be seriously ill I have thought it best to repeat the laxative on the third or fourth day. I give promptly pretty full doses of diaphoretic powders and I assist its prompt sudorific action by administration of warm stimulating teas. If there is much pain and tenderness in the lung I apply a hot stimulating counter-irritant poultice as hot as it can be borne and its effect will in many cases appear almost magical. To combat the febrile symptoms I have used the same remedies that I have found to be efficient in our common fevers. I have seldom used arterial sedatives in this class of diseases and then only to tide over temporary emergencies and I did not even then get very satisfactory results. If the other means that I had at command failed they also failed and they only confused me in keeping a close run of the progress of the disease and they are far too dangerous agents to be trusted in the hands of careless and untutored nurses to be administered and such will result in many unnecessary fatalities. I will now give a brief sketch of the treatment of a few well marked cases which have occurred within one mile of where these lines are written.

Case 1.—Mr. E. F. A young man of average constitution, aged about 17 years, I found the patient with flushed cheeks, high temperature and considerable arterial excitement and pain in the chest, with cough and free expectoration of bloody mucus highly stained with arterial blood. I gave him a full dose of diaphoretic powder and to aid its action by drinking freely of warm stimulating teas and to keep well covered up so that he could feel a gentle moisture on his forehead. I also administered a mild and prompt acting cathartic so as to thoroughly cleanse out his alimentary canal and I also gave him quinia in four-grain doses every four hours. For pain and soreness in the chest I had a cornmeal poultice made up in a strong decoction of red pepper and applied as hot as it could be borne. As we were having a cold, sleety and dreary snap of weather at the time, I told him that it would be a difficult matter to avoid taking cold, but if he would have a strong red pepper tea made and season it up with cream, sugar to the taste and drink it hot, it would be a great protection to him from the bad influence of the inclement weather. He progressed steadily to convalescence without an untoward symptom.

Case 2.—Mr. E. T. In this case I found very similar symptoms to case 1. There was a cough with free mucus expectoration highly charged with bright arterial blood with a tolerably high fever of an inflammatory grade and pain in the chest. I gave a mild but freely acting cathartic to thoroughly cleanse the bowels of any offensive materials and I also gave him a full dose of diaphoretic powders and ordered warm stimulating teas to promote diaphoresis. I also had a hot stimulating poultice applied, over the seat of pain and tenderness. I gave quinia to control the fever and on the next day found the patient much improved and on the third day the blood had ceased to be expectorated and his improvement was rapid.

Case 3.—Mr. F. A young man nearly grown. He was quiet and made but little complaint and they had neglected calling a physician until he was nearing the stage of collapse. I found him with a dull stupid expression almost amounting to coma, rational when aroused, but making no complaint. His febrile symptoms were of decidedly a typhus character, pulse small, wiry and rapid; his breathing rather rapid and short and a dry and rather pungent heat of the skin. I gave a dose of quinia and a good dose of diaphoretic powder and directed warm stimulating teas until a good action of the skin was obtained and maintain it if possible. I also gave a mild laxative. He remained in this condition for three or four days apparently very nearly evenly balanced between life and death but on my visits when I inquired how he was, he invariably replied that he believed that he was better and about the fourth day I could begin to see that the disease was yielding and from this point his progress was steady toward convalescence. In this case there was

a tough, tenacious, mucus expectoration with but little if any blood.

Case 4.—The patient was a septuagenarian and had formerly been addicted to the liquor habit but then resided in a local option district and had been duly sober for some time. He had naturally a good constitution for a man of his age. I found him with a high fever, pain in his chest and expectoration freely stained with arterial blood. I gave him a full dose of diaphoretic powders and a mild but active cathartic to remove all offending material from the alimentary canal and directed him to drink freely of stimulating diaphoretic teas and to avoid exposure to drafts of air. I directed him to use light digestible but nourishing foods and to be careful not to overtax his digestive powers. I also gave him quinia as in preceding cases. I now had him under a treatment that with but little variation would lead to an early convalescence but before I left him his wife told me that she had gathered a lot of pleurisy root (*Asclepias tuberosa*) and that she would like to give him some of the tea if I thought it would not hurt him. I told her to give it to him as I thought it would prove to be a valuable adjuvant to the treatment I was giving him. On my second visit I found him improved in every respect and he continued steadily to improve without a single untoward symptom until convalescence was fully established. I have given this brief synopsis of the treatment of a few cases of pneumonia which I have treated in this immediate neighborhood at different periods of time with results highly gratifying to both patients and physician. These cases illustrate my almost uniform success in the treatment of common cases of pneumonia and with almost harmless remedies. It will be observed that I did not use mercurials nor arterial sedatives in the treatment of either of these patients. I did not use mercury because I wished to preserve the blood in its most natural and thoroughly vitalized condition possible and mercury is notoriously a most disastrous blood devitalizer. I did not use arterial sedatives or heart paralyzers because they tend to bring on conditions in pneumonia which are studiously to be avoided and furthermore I do not believe that they are curative in any true sense of the term at all, but that their true place in the *Materia Medica* is in acute fevers of a paroxysmal character to conduct the patient safely through the paroxysm and then they should be omitted as likely to do more evil than good.

Waelder, Texas.

Influenza.

BY G. W. THOMPSON, M. D.

Read at the meeting of the Eclectic Medical Society of the City of New York.
Epidemic catarrhal fever, la grippe.

Influenza: Pandemic acute contagious disease. Since the discovery of Pfeiffer, in 1892, it is generally claimed to be due to the

influenza bacillus. On account of the frequency of its uprising in provinces of Russia it has been known as Russian fever.

History dates it back to the 16th century; and the writings upon this disease are extensive but not complete or final as there are doubts about the bacillus being the only or even the original cause.

The rapidity with which the disease travels is one of the marked features. Arising in Russia in a few months the whole of Continental Europe and British Isles was invaded.

The last pandemic reached the United States within six months of the authentic report of its uprising in Russia. No part of this country escaped a visit in 1889 and 1890.

It is claimed by most writers to be air born, yet there are able advocates of the universal distribution of the primary cause, whatever it may be, waiting for atmospheric or telluric condition to acquire a degree of virulency to manifest or become active.

The distribution of the disease at times shows peculiar traits by becoming endemic, traveling in cyclonic manner, dipping down here and there over a vast area, afflicting everyone in that section, and then spreading by contagion through the intervening space.

Epidemics in India showed the colored people rarely escaped, while very few Europeans suffered. Those that were affected were exposed to more or less surface influence, or miasm, by sleeping out of doors or on the ground. This has been also noticed in penal institutions and asylums, the confined inmates showing less susceptibility than the outdoor ones, and having it in much milder form. The disease travels westward, and is most prevalent in early spring and late fall. For several years following an epidemic there will be apparent sporadic cases over parts invaded.

In some epidemics the virulency of the poison, owing to the susceptibility of the people, or want of antagonism, will be much greater than in others. May be one or all of the above may be factors. Thus we find mild epidemic or severe, even sporadic cases will be mild or severe. How much ground influence or atmospheric conditions have to do with mild or severe cases is not known. It has also been noticed that in certain areas in an invaded section the disease will show greater virulency than in other sections. Throughout an epidemic amplification of certain kinds will predominate, or peculiar phases of the disease will be quite universal. To the theorist of the universal distribution; also to the advocates of innumerable causes of the disease the above is food to their ideas.

The discussion between the different theorists is interesting and caused Lichtenstein to give his classification:

Influenza due to Pfeiffer bacillus.

Epidemic and endemic sera.

Epidemics and endemics occurring several years after an epidemic, also due to bacillus.

Epidemic and endemic nostra.

This later bearing the same relations to influenza as cholera nostra does to Asiatic cholera.

The above classification is of little value to the clinician, as pathologists agree there is no lesion to designate the disease, as we find in many other diseases, that only the complications yield the pathological information.

The organism of Pfeiffer is found in the fluids and on the mucous membrane of cavities, in fact, well distributed throughout the body during the progress of the disease, but very rarely in the complication that causes death, or after death.

That other organisms may be the primary cause, and Pfeiffer bacillus the results or product that in turn disappears as the more intense inflammation that produces the complication is speculative.

Whatever may be the cause of the disease primarily either in endemic, epidemic or sporadic form, the classification of the disease, according to the organs most affected, would lead to a much more uniform treatment.

There is no disease that is more empirically treated than influenza, nor is there a disease in which specific medicine can have a clearer field for demonstration.

The practitioner is in the same position today that he was before Pfeiffer's discovery or Lichtenstein's classification.

When we consider that the point of entrance of the poison is through the mucous membrane, either respiratory or intestinal, without local pathological manifestation or symptoms of irritative poisoning, that the distribution through the lymphatic channels does not show effect of transporting, and the disease develops its overwhelming effect upon organs through a toxic medium generated during propagation or the transitory stage toward micro-organisms found in complication that may be produced by many other causes, we are justified in giving a postponing or prophylactic treatment without waiting for the cumulative effect or complication (or in other words we only will treat influenza as influenza until complications arise).

The classification of the disease would mean much more to the physician as influenza of any organ much in the same manner as we speak of diphtheritic laryngitis, pneumonia, etc., mydriatic, neuralgic, gastro-intestinal, pulmonic, cardiac and nephritic influenza.

There is little doubt but many of the complications that arise are due to the elimination of the toxins through the different organs, or possibly the primary cause unchanged.

In a number of cases in the local manifestation exhibited, the lesion is not, as a rule, sufficient to produce the constitutional disturbance that takes place. There is no doubt but that the most

marked manifestations of high temperature, rapid pulse, intermittent in character, drenching sweats, unbearable muscular and neuralgic pains, intense headache and more or less respiratory and gastric intestinal catarrh are due to nature resisting the poison or its toxins. The struggle may be short, sharp and complete, with recovery in a few days, with no ill after effect with possibly general weakness and mild leucocytosis, for the struggle is prolonged between the pathological invasion and the physiological resistance until some weak organ yields to the tension, and a disease is established.

Disease is also established during the process of elimination and is manifested by profuse catarrhal exudations as in bronchial pneumonia, diarrhoea, excessive sweating and desquamative nephritis.

Just why different invasions of influenza will show a predominance of certain features, independent of the diagnostic symptoms, it is difficult to understand. It may be due to the primary causes if there be more than one, or it may be due to climatic or substial soil conditions similar to conditions that favor typhoid fever, intermittent and bilious fever development. This is speculative and a field for investigators.

I believe that most physicians base their diagnosis of influenza more upon what they do not find by observation and the different manipulation methods, that give negative results, than in any other way. And when other than negative results are found, the disease will be classified other than influenza.

In la grippe this year (independent of the most common symptoms, such as respiratory catarrh and general pains), nephritis has been the most common. Nine successive cases have shown me acute desquamative nephritis. I have had two cases of gastro-intestinal catarrh with a fever that for five days kept me guessing whether my cases were not typhoid. When, on the sixth day, the temperature dropped to normal, the bowel discharges ceased and in three days (contrary to my advice) they returned to their work. Another condition that I have rarely met heretofore is facial erysipelas. Three cases, only a few days apart, in which the most severe symptoms had been located on the frontal sinus with marked lachrymation and profuse bronchorrhoea. Any of the cases I have mentioned would have been classified according to the manifestations, if the physician had been called late, as acute nephritis, gastro-intestinal inflammation, colitis and erysipelas. How frequently have I seen a severe capillary bronchitis clear up in two to four days, preceded by symptoms of influenza. I remember two cases of influenza that occurred in 1890 in which a sudden development of capillary bronchitis occurred in which the respirations ran as high as eighty per minute, with a pulse almost be-

yond accurate count, temperature 105-6 and every indication of fatal termination, clear up in a few hours.

The majority of cases of influenza will get well if let alone in a quiet, warm room (and not overfed with numerous prepared dishes) without medicine, in a few days. There will be far less danger for the patient if the sources of elimination are generally opened to permit the escape of whatever influence there may be that is causing the trouble. Many times the mild form is due to want of resistance, and the poison insidiously invades the different organs of the body and like all foreign matter sets up a more or less active intestinal or parenchymatic change that becomes chronic and destructive. The terrific pains are due without doubt to the peripheral irritation to nerve terminals and the general capillary contraction that is so frequently manifested by the chilliness and cool condition of the skin. The skin manifestation that we sometimes get in different forms is due like scarlet fever rash to the elimination of the poisons. Sometimes localized pains are due to reflex irritative causes, indicative of diseased organs. The treatment should be rational. The circulation should be equalized with aconite, the skin should be made active with asclepias. The bowels, if not open, should be moved with castor oil. The pains of muscles become modified as soon as diaphoresis is profuse, and frequently disappear. The same may be said of neuralgia. Severe localized pain, if persistent, will show inflammation or excessive engorgement, and when the part is accessible hot flaxseed poultice, counter-irritants, mustard, croton oil and sweet oil, oil gaultheria and plastic vehicle of clay as antiphlogistine; if in loins and back salol three grains, ext. buchu gss. every four hours, cimicifuga or alkaloid macrotine is also excellent; mullein, 2 to 4 oz. to o water as infusion. Cupful every 3 or 4 hours is also of benefit to the kidneys when urine is scanty.

For intercostal pains not pleuritic, belladonna and capsicum ointment or emplastrum, will relieve. If pleuritic, aconite and asclepias internally. The pains in head solicine citrate of caffeine. Gelsemium and bromides are excellent. Tr. aconite applied externally to forehead and face does good work; chloral hydrate, combined with bromides and tr. valerian, bromide of camphor, are also excellent. In the gastric form, carboic acid and hot water, iodopeptine oxybate, cerum bismuth, externally counterirritants, sinapis, croton oil, turpentine sloups, with stramonium leaves; for intestinal pains, neutralizing mixture with dioscorea villora, tr. opii or paregoric; if central or umbilical or where there is tenesmus, ipecac is also added; if bowels are distended, carbolic acid, asafoetida; for respiratory disturbance, if naso pharyngeal or laryngeal, inhalation of steam saturated with alcohol, oil eucalyptus, benzoin,

turpentine, thymol, adrenaline. Cleaning solution (Dobel's); if pulmonary breathing is difficult, quebracho oxygen and external counter-irritants. If there is inflammation generally, if inclined to be circumscribed and become lobar, veratrum viride. The heart, when rapid and irregular, aconite; if intermittent, strophanthus collinsonia, digitalis; if weak, rapid and intermittent, whisky, champagne, aromatic spirits of ammonia.

New York City.

Modern Intra Uterine Irrigation.

BY C. WOODWARD, M. D.

Mrs. E——, age thirty-three, and mother of two children, aborted in 1901, one year following her last puerperium. The family physician attended and pronounced her completely recovered. In 1902 she was troubled with headache before and after menstruation, scanty flow, and the characteristic pelvic weight and backache. In January of the next year she was in the hospital three weeks and had her uterus curetted, this securing temporary relief. During the spring of 1904 all of these symptoms had redeveloped and become intensified because of her increased exhausted condition. She was in another hospital during the month of June and had her uterus curetted for the second time, although with less relief than from the former operation.

Upon being informed that certain physicians practised (painlessly and harmlessly) a method of irrigating the uterus with only a few ounces of water, she requested her husband to call upon several practitioners with a view to obtaining more information concerning this treatment. Her husband was told that no such method was known. A few months later, however, she learned that the writer practiced the irrigating method of cleaning out the uterus, and as she was unable to come to my office asked me to call.

An examination disclosed the uterus retroverted, depth $4\frac{1}{2}$ inches, and discharging a sanguineous exudation; temperature 97° F., pulse weak and fluctuating between 88 and 100, pink veins, and system poorly nourished; catarrhal form of constipation; abdominal hyperesthesia; sallow complexion and general relaxation of tissues.

Before presenting the treatment used, an attempt will be made to show that curettement is only a temporary palliative. In an experience of twenty-five years with pelvic diseases, I have not met with a dozen women who did not have uterine troubles complicated with one or more abnormal conditions such as mal-assimilation, weakened peristalsis, muco-entero-colitis and defective elimination. These are induced by the two following causes: over-eating, wrong combinations of food, and that prepared with chemicals. In order to cure women affected with uterine diseases, the combination and quantity of nutritive supply must be correct and

time allowed the physiological forces to establish a reparative action of the abnormal conditions, and which may require from three to six or even twelve months. A curettement of the uterus is merely an attempt to cure a disease that is complicated with several abnormal conditions in too limited a time.

Treatment: She was allowed only fifteen ounces of solid food daily, consisting of mutton and beef broths, oatmeal, corn meal and graham mush, rye and entire wheat bread, baked potatoes, raw salads and cooked vegetables, eggs, rice, honey, milk and butter without salt, the use of the latter being limited to thirty grains daily.

The following remedies were prescribed for thirty days: Kali sulph. 3x. $\bar{3}$ ii, dis. hamamelis $\bar{3}$ ii, aqua q. s. $\bar{3}$ iv. Misce. Sig. One teaspoonful every three hours.

For the bowels: Tri-strength infusion of Alex. senna $\bar{3}$ ii, glycerine $\bar{3}$ i, rye whiskey $\bar{3}$ i. Misce. Sig. One or two teaspoonfuls in a glass of cold water before breakfast every morning. At the expiration of thirty days kali mur. 3x was substituted for kali sulph.

Local treatment: Uterus was irrigated every third day with two medicated solutions; one, a four-ounce 50 per cent. of peroxide of hydrogen; the other, a 5 per cent. of an alkaline antiseptic. A six-ply absorbent gauze, saturated in equal parts of specific phytolacca, thuja and glycerine, with a string attached, was inserted to the fundus with a sound and a dehydrating pack then placed against the cervix, to remain 40 hours.

At the end of two months she assisted with her work. In four months she did all of the work with the exception of the washing and ironing, and once more was able to appreciate her condition, saying that life was now worth living.

Those receiving this modern method of irrigating the uterus relate the condition of many women acquaintances suffering with pelvic diseases, of some who have and others who have not submitted to operations. It is a serious reflection on the skill of the medical profession to allow so many people to suffer who have had operations and who could be cured by the irrigating method.

To cure uterine diseases permanently by this method requires more time and attention, but, on the other hand, is very gratifying to the practitioner, a most humane act, and the writer assures is quite as remunerative as operations.

Chicago, Ill.

Timely Talk.

BY G. W. BOSKOWITZ, M. D.

Read at the September meeting of the Specific Medication Club.

Mr. President, ladies and gentlemen of the Specific Medication Club, I am very glad to have the honor of reading the first paper of the session of 1907-08, and wish that I might be able to present

to you something more worthy than this short talk; but the short notice given me that I was to have this privilege must be my excuse for not giving you a drug study this evening; and in its stead, with your indulgence, I will give what we will, if you please, call a "timely talk," touching on a few of the thoughts that actuated the organizers of the New York Specific Medication Club, and the particular benefits they expected to derive from such a society.

At the foundation of this club a number of our practitioners felt the necessity of a broader, deeper study of our special therapeutics. Many of us had not had the training in specific indications and treatment by specific medication that we felt we should have had, and it was for the particular purpose of studying drug action along these lines that this society, which was to have no connection with existing county, state or national organizations, was formed.

In the first years of its existence much was accomplished along these lines, and I predict for this winter a renewal of interest and energy. This work belongs to us and we should develop it.

The general profession must and will soon be extremely anxious for help along the line of rational therapeutics.

Hygiene, sanitation, etiology and pathology have their place; but the sick man wants his doctor besides having this knowledge, to also know the value of and proper application of drugs.

The laboratory investigators have done and are doing much to advance the science and art of medicine; but the enthusiasts in these lines are going a step too far when they think they can relegate drugs and therapeutics as useless and uncertain and substitute vaccines in their stead.

I do not believe and I do not think that any member of this society believes that serum therapy will ever take the place of drug therapy.

Let us, therefore, work faithfully along the lines laid out by the founders of this organization; study and re-study the vast materia medica that is at our disposal. Study it empirically, if you please, for I still believe that one therapeutic fact obtained by bedside observation is worth a hundred finely spun laboratory theories.

I believe that close observation of the effects of drug action on the sick will give you much more positive knowledge than watching the effects of that same drug on a healthy rabbit. I am much interested in the present fad of what our laboratory workers are pleased to call the opsonins, and the value of the opsonic index. Opsonins, we are told, are substances in the blood which help the phagocytes destroy infection. They increase the vitality of strength of the cells that destroy the impurities in the blood. The pioneers in therapeutic reform, the fathers of Eclecticism, enunciated as

their first principle: sustain the vital force. And they in place of using the antiphlogistic methods then in vogue gave the vegetable remedies and increased the vitality and strength of their patients. They knew nothing about this opsonic index; but they had a class of remedies they called alteratives, which improved the general tone of the system and removed impurities from the blood; in other words, helped the system to increase its vitality and regain normal functional activity.

Personally, I would prefer a course of alteratives to vaccination to increase my opsonic index. Pardon this digression and let us return to the objects of the club and how best to carry on the work before us; for if we neglect it at this time we will have missed our opportunity, and others will get the credit for the work that belongs to this school of practise. The principle of prescribing for the individual and not the disease, that certain fresh plant tinctures are endowed with more and better medicinal activity than dry plant fluid extracts; that the application of single drugs is more effective in therapeutics as a rule than compound prescriptions; that groups of symptoms indicate positive pathological conditions, and that a certain remedy is a specific for its relief, are expressions and sentences now found in many of the articles published in our medical monthlies that do not call themselves Eclectic. So it behooves us to look after our birthright.

Last year when the society was suffering from one of those periods of lethargy that occasionally pervade organizations of this kind, some bright spirit suggested that we change our method of monthly change of chairmanship by electing instead a permanent chairman who would be responsible for the essays of the year, and that we have one or two drug studies each evening. If we would earnestly, conscientiously and faithfully follow this latter suggestion the inheritance of Eclectic 'principles would be safe in our hands. We would continue to lead in the subject of therapeutics and the rational and scientific application of drugs.

If at each meeting the published data of one or two of our drugs be presented by committee or essayist we might be able to add some therapeutic fact, some specific indication, from the personal experience of the members of our society, and so increase our knowledge and our usefulness.

New York City.

Piscidia will be found useful in rheumatism, particularly the articular variety.—*Summary.*

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The Second Row in My Medicine Case.

NO. X. SANTONIN.

In the treatment of young children I have employed santonin for many years, and have found it an efficient and frequently needed medicament. It should, however, be used with much caution, as it possesses decided toxic properties. In large doses it may cause nausea and vomiting, with colic, diarrhoea and great thirst. In some cases, in addition to the foregoing symptoms, it may cause giddiness, headache, hallucination of smell and taste, and a species of depression. It is chiefly eliminated through the kidneys, even small amounts of the drug imparting to the urine a distinct yellow color if the urine is acid, and a decided purplish, or even red, color if the urine is alkaline. Sometimes, when the urine is decidedly alkaline, as in cases of cystitis, the use of santonin may produce so marked a discoloration of the urine as to suggest hematuria.

A change of vision often caused by santonin is referred to by Dr. Rose as follows:

"A remarkable phenomenon attending the ingestion of medium doses of santonin is that of yellow vision, which may continue for several hours. There occasionally appears before the peculiar yellow vision, after a large dose of santonin, a violet color of the field of vision, the intensity of this color being in proportion to the darkness of the objects looked at. All light objects, such as windows, paper, etc., appear actually yellow. Red and blue appear often in their complementary colors—orange and green—so that carmine-red appears pale, madder-red a bronze color, and the sky and blue objects green. This, however, is not always the case, and it has been noticed after the employment of santonin that red appears violet or light, and dark objects appear orange to one person, and to another green. This peculiar effect of santonin is believed to be due to a nervous change in the retina or in the brain."

Urticaria and other affections of the skin have sometimes followed the use of santonin, and serious poisonous effects have also been produced by comparatively small quantities of the drug.

A fatal case from overdoses of santonin which has been reported presented the following symptoms: Convulsions, accompanied by unconsciousness, twitching of the eyeballs, dilated pupils, cold sweat, weak pulse, feeble respiration, and, after several hours, sudden death.

Santonin is a frequently needed anthelmintic, and as a remedy against the ascaris (round worm) it has no superior. It is also an efficient remedy against the oxyuris (thread worm), but it has no effect on the tape-worm.

In chronic uterine disease, when there is irritation, pain and scalding at the base of the bladder, or burning, scalding, tenderness and unpleasant sensations in the urethra or bladder, santonin is a very useful remedial agent, and in dysuria, suppression or retention of urine it exerts a curative influence which is unmistakable. It is also a remedy of superior merit in chronic nephritis, chronic cystitis and in chronic catarrh of the bladder.

Santonin stimulates the great sympathetic, and through this influence constitutes a very efficient medicament in all conditions presenting the following indications: Intestinal worms, especially lumbrici and ascarides; white line around the mouth and frequent itching about the nose, which are marked symptoms of intestinal worms; retention of urine, especially in the advanced stages of acute disease of children; irritation, pain and scalding sensations during and after micturition; enuresis, dysuria and chronic cystitis; intermittent fever of infants, simulating that caused by worms.

The dose of santonin is from $\frac{1}{4}$ of a grain to 2 grains, but $\frac{1}{2}$ grain frequently repeated will act efficiently. When employed in medium doses, santonin should be followed by some mild cathartic.

Poisonous Action of Alcohol.

In an able and interesting article, published in *Clinical Medicine* under the caption of "Autointoxication from Beer and Spirits," Prof. T. D. Crothers, M.D., superintendent of Walnut Lodge Hospital, Hartford, Conn., clearly demonstrates the fact that newer knowledge concerning the action of alcohol shows that instead of aiding digestion it impairs it, and that it is frequently the cause of serious autointoxication.

It is to be regretted that Prof. Crothers' study of alcohol as a cause of disease is too long for reproduction in these pages. The following abstracts, however, will be found worthy of thoughtful consideration:

"The common theory that spirits increase or in some way aid digestion and can be used with foods with comparative safety has no support in modern research. Persons who drink wine and beer only at meals are never types of health and never free from digestive disorders so common to this class. * * * * The average moderate drinking man, whether using spirits at meals or on other occasions, very soon becomes an invalid. Often this invalidism is called 'rheumatism,' 'malaria,' etc. * * * *

"The ordinary beer-drinker is the most prominent example of autointoxication. In many instances but little change is noted in

the first period of addiction. One may use beer daily for a long time, without any noticeable change, but sooner or later a class of symptoms will appear which clearly point to the presence of toxic products and their absorption into the system. The fatty degeneration so characteristic in beer-drinkers, associated with increase of flesh, loss of vigor and enfeebled action of the heart, is common in most cases. Enfeebled vigor and slow vitality are noticeable, particularly among the English workmen in large cities and towns. Such persons have every appearance of health, but when injured or attacked with disease, have no resisting power and die from apparently the most trivial causes. In this country beer-drinkers usually are dyspeptics and have catarrhal and other local inflammations. They suffer from influenza, malaria, are sluggish, exhibit mental feebleness, and are great patrons of the doctors and free dispensaries.

"The use of wines and strong liquors in moderation or excess is followed by neuralgias, insomnia, and obscure pains which are called 'rheumatism,' and 'malaria' or 'sequelae of the grip.' Other symptoms of disability which are noted in persons who use spirits to excess are apparent in disorders of the nervous system. Some of the most obscure symptoms pointing to changes in the brain disappear rapidly after the discontinuance of spirits. In clinical studies this fact is so apparent that careful inquiries are always directed toward the habits of the patient to determine the influence of alcohol, if possible.

"The habitual use of alcohol by the people is becoming of greater significance clinically, and next to syphilis is a contributory cause in the production of a great variety of disease, and should be inquired into in every obscure case. Recent pathologic studies have cleared away much of the obscurity concerning the action of alcohol on the organism. We now know that alcohol, even in small quantities, has a peculiar corroding action both on cells and tissues, impairing their power of growth and repair, and diminishing their functional activity. The nutriment which would naturally be used to repair cell and tissue is diverted, changed, and becomes waste-products.

"The action of alcohol on the nerves, particularly those which control the blood-vessels, lessens the power of control and permits the blood to pass with greater force and volume, putting greater strain on the walls of the minute arteries, and is probably followed in many instances by minute hemorrhages. Alcohol in the blood diminishes the oxygen-carrying property, destroying the hemoglobin, and is followed by states of starvation. The waste products are retained and become a source of disease."

Dr. Crothers concludes his article with a statement of the necessity of recognizing the poisonous action of spirits, whether taken in

moderation or excess, and summarize what he wishes to make prominent as follows:

"1. Alcohol in any form, taken into the body as a beverage, is not only a poison but produces other poisons, and associated with other substances it may develop toxins. Alcohol is also an anesthetic and not a tonic or so-called stimulant. It increases the waste products of the body and diminishes the power of elimination. It also destroys the phagocytes of the blood, and thus removes and lessens the protective power of the blood-cells.

"2. Whenever alcohol is used continuously as a beverage, for its medicinal effects, favorable conditions and soils for the cultivation and growth of poisonous compounds are created. These may be neutralized by other conditions and not be apparent in the derangements of the functional activities which follow. Where disturbances and derangements of the nutrient and functional activities of the body are associated with the use of alcohol, their transient character and disappearance by the removal of spirits suggests the causes.

"3. The functional and organic symptoms of derangement appearing in those who use spirits in moderation or excess, which quickly disappear by abstinence and eliminative measures, are clear indications of autointoxications from this source. Obscure symptoms of the nervous system in persons who use spirits should always be examined in relation to the toxic origin from this source. Also grave nutrition disturbances should suggest the same cause with, of course, the same treatment.

"4. The treatment of all such cases in which alcohol is used in any form should be by antiseptic and eliminative measures, and the supposition should always include the possibility of poison by chemical products formed in the body."

When Not to Use Digitalis.

In an article published in the *Therapeutic Gazette*, Prof. H. A. Hare, M. D., offers the following excellent advice to physicians in regard to the use of cardiac stimulants:

"My object in writing this paper is to call attention to the very common disregard of certain essential details concerning the action of this important class of drugs. There can be no doubt that their activities are often misunderstood and misapplied, and there is probably no class of patients which suffers more from their irrational use than physicians themselves. I make this statement because I frequently see physicians who present themselves as patients suffering from disordered cardiac action, firmly convinced in some cases that they have grave heart trouble, and in whom most of the symptoms which present themselves are due to the excessive use of digitalis. In many instances the history of the patients is that, being somewhat tired out by the exactions of their work, they

began to have 'tired hearts.' This condition resulted in some palpitation on exertion, or other symptom which pointed to cardiac disorder, and recourse was had to the digitalis bottle with a generosity in dosage which was excessive and apparently based on the theory of some laymen that 'if a little is good, more will be better.' As the heart does not need digitalis but rest, it is but temporarily benefited, if at all, and the dose is increased still further. Finally, marked irregularity in rhythm is produced by the excessive action of the remedy, and the introspective physician becomes convinced that the malady is serious, and concludes that his race is run. Only after another physician is called in is the real cause of the disorder recognized and remedied. Not uncommonly the cardiac distress is augmented by the fact that the physician has attempted, while actively at work, to keep up his energies by liberal potations of strong coffee provided for him at home or by patients' friends. Here again the result is disastrous, because the tired nervous system and heart are spurred to increased endeavor at a time when they demand and should have rest.

"For the sake of the physician and his patient, therefore, it would seem wise to recall the fact that the best medicine for a tired heart is rest, not stimulants, except they be conjoined with rest, and that a little patience as to the time of recovery should be exercised instead of attempting to hurry the recovery by large doses which overstimulate before it is possible for the process of repair to be complete.

"This matter of rest for the heart is too often overlooked and ignored and it is forgotten that this viscus, although designed to work constantly, is often exhausted almost to the border of breakdown.

"Not only is rest needed for the tired but otherwise healthy heart, but it is even more needful in cases in which there is cardiac breakdown, actual or threatened, in cases already suffering from grave valvular lesions. The cardiac stimulants are sometimes expected to perform miracles, although the patient pursues the same mode of life as before. This is, in reality, an abuse of a drug, since it is being used to do something which is practically impossible.

"Another erroneous use of cardiac stimulants is their employment when it may be that a state of undue excitation is present and that cardiac sedatives are needed. Not uncommonly in some cases of cardiac irregularity the use of small doses of aconite or veratrum viride will produce the results desired.

"Again, this class of drugs is often given without due regard to the exact state it is expected to meet. A patient with a feeble heart receives digitalis, it may be, to overcome this feebleness, when in reality the cause of the feebleness lies in a degenerated heart muscle which is incapable of gaining any advantage from this drug, and the drug, by contracting the blood vessels, actually increases the labor

of the heart. Under these circumstances, if any drug is used, it should be one like *strophanthus* or *cactus*, the action of which is cardiac, and but slightly, if at all, vascular.

"Then, too, it is not rare to find *digitalis* given in full doses to cases of failing heart when the chief cause of the failure lies not in the heart itself, but because there is a state of high arterial spasm or atheroma, which, by preventing the easy flow of blood in the arteries, gives the heart an immense amount of work to perform. In such cases, if *digitalis* is given for the heart muscle, its vascular effect and the already existing abnormal tension must be simultaneously relieved by the use of vascular relaxants such as the nitrites.

"Finally, in all heart disorders, it is well before using powerful heart tonics to make a determined effort to discover if any cause exists which may be removed and thereby really cure the condition. Not rarely the prohibition of the excessive use of tobacco, of alcoholic drinks, of excessive feeding, or sexual excitement, will be the means of dispensing with the cardiac tonic, when without these prohibitions the remedy will be useless."

Chrysanthemum Leucanthemum.

The above named perennial plant is commonly known as white daisy and ox-eye daisy. It possesses tonic, diuretic and antispasmodic properties in no small degree. It is now seldom employed in medicine, but the early Eclectics often found it useful in whooping cough, asthma and various forms of nervous excitability. It was also deemed an excellent remedy in colliquative perspiration.

In an article published in the *Eclectic Medical Journal*, Dr. Herbert T. Webster gives his experience with the white daisy and makes some valuable suggestions as to its probable usefulness. In part Dr. Webster says:

"During the present season the writer has had the white daisy under slight trial, and has been pleased with its influence in certain respects. It is an excellent and prompt remedy for exhausting sweats, and it thus acts, not only as a tonic, but as a gentle nervine, quieting nervous irritability and promoting rest at night, when the subject is troubled with insomnia.

"The incentive to its first trial was the testimony of an old farmer, who stated that years ago, when a young man, he became afflicted with a very stubborn ague, which baffled all the doctors he tried, and which he was ultimately obliged to 'wear out.' The disappearance of the ague, which occurred after several months, was followed by exhausting night sweats, which were so profuse as to drench his clothing at night, and render him weak and good-for-nothing during the day. A wise old dame in the neighborhood advised white daisy tea, and after exhausting the resources of the neighboring physicians, he concluded to give it a trial. Re-

sults were much better than he expected, and in a short time all traces of the weakening sweats had disappeared. That was many years ago, but he had seen it tried in numerous instances since, with the best of results.

"It appears as though this agent is adapted to stubborn chronic cases, in which exhausting sweats are persistent. We have a number of remedies which act promptly to arrest profuse perspiration, but their influence is not always permanent. One of the best of these is picrotoxin, of which small doses of the third decimal trituration are reliable, but it is a question whether it exerts as good an influence over the attending unpleasantness often present in chronic disease as the white daisy.

"Our experience thus far has been confined to the use of an infusion of the blossoms and green plant, covered with cold water and allowed to stand an hour after becoming heated, at the back of the stove.

"A tablespoonful or two of this has been taken every three or four hours. In order to test it further, a saturated tincture of the plant has been prepared, against the time when the supply of the fresh plant is exhausted."

Drosera in Whooping Cough.

In writing to *Ellingwood's Therapeutist*, Dr. D. G. Lass, of acheyedan, Iowa, adds his experience to that of others who have found drosera a very efficient remedy in the treatment of whooping cough. The doctor says:

"During the past three months I have had twenty cases of whooping cough in five families (neighbors). I have disregarded stages, but have at once put my patients upon drosera, with no sequelae, such as Anders states in his practice, who mentions 20 per cent. acute nephritis; but I did have in two cases pericarditis as a complication, but my mortality was nil. In treatment I used for a child ten years old this \mathcal{R} : Syr. drosera (Lloyds) dram i, aqua q. s. oz. iv. Mix. Sig. Teaspoonful every three hours while awake. This, with a laxative at bedtime, was all the medicine they received. The dose was increased as follows: For each year above ten years, five drops more were added to the \mathcal{R} , therefore a child 12 years old would get syrup drosera 70 drops, aqua q. s. ad. oz. 4. Sig. Teaspoonful every three hours while awake. The same ratio was observed in giving less than the one drachm in the \mathcal{R} when under ten years old, for instance, a child six years old the \mathcal{R} would read \mathcal{R} : Syr. drosera drops 40, aqua oz. 4. Mix. Same direction. Now these doses may seem excessive, but nothing less would respond. The two pericarditis cases were given, in addition to drosera, specific cactus with same ratio as to dose, and all have

made fine recoveries. To be sure twenty cases may not prove very much to the average reader; but as for me I look forward to my next cases of whooping cough with pleasant anticipations."

Phytolacca.

I think in a case of diphtheria with enlarged tonsils, phytolacca is indicated both internally and externally. For simple disease of mucous membranes we have better remedies. I would hardly know how to treat a case of goiter without phytolacca, both internally and externally. I decolorize tincture of iodine with aqua ammonia, then mix equal parts of the decolorized iodine and tincture phytolacca for a local application. Give internally phytolacca, specific iris, and any other indicated remedies, and you can always cure goiter in young people, and usually reduce them in size, and sometimes cure, in people more advanced in years. I think we have no remedy that approaches phytolacca in therapeutic properties in enlargement of the prostate gland. I have treated many cases of enlarged prostate in old men with phytolacca, adding any other remedies that might be indicated, and invariably with benefit. Usually two ounces to eight ounces of water, dose a teaspoonful four to six times a day. In inflamed and enlarged testicle, or inflamed and enlarged glands in the groin, whether of specific origin or not, think of phytolacca in connection with any other treatment deemed necessary.

"In chronic enlargement of the tonsils in children I apply one part tincture phytolacca and two parts decolorized iodine, and phytolacca and specific iris internally, and always with benefit; probably not reduce them quite to a normal condition, but sufficient to remove any soreness or inconvenience and stop the snoring while asleep.

"In acute tonsilitis or quinsy it is of the first importance. It is especially indicated in any trouble with the breasts of women, whether nursing or not, but more particularly at the time of confinement. That is the one time when I give a prescription whether it is indicated or not, or perhaps it is always indicated. It is viburnum opulus for after-pains and phytolacca as a preventive against any trouble with the breasts.—*Dr. J. C. Lampman in the Chicago Medical Times.*

Buttermilk is being recommended as a valuable food for chronically sick infants.—*Summary.*

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Kansas City in June, 1908. L. A. Perce, M.D., president; W. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March 1908. G. W. Thompson, M.D., president; E. H. King, M.D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., Secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearlstien M.D. secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. Electa A. Brown, M.D., president; Pitts Edwin Howes, M.D., secretary.

National Eclectic Medical Association.

In a letter issued from the secretary's office, urgent request is made for closer affiliation of our state and national organizations.

The secretary urges a plan to have all the state societies admit members upon the same basis of requirement. The national association can then accept such members upon recommendation and the payment of the very nominal sum of two or three dollars. He says this plan is by no means official, but he would be pleased if the secretaries would present it at their state meetings and communicate to him the results of its consideration.

He rightly argues that we must be better organized, that we must be in a position to offer aid to our practitioners in those states where there is no organization, that we should remember that Eclectic colleges cannot exist unless the practitioners send them students. He mentions that there are calls from all over the states for Eclectic practitioners; he also asks that the state societies select some earnest active member to represent them on the national committee on organization and legislation. It is also requested that state secretaries correspond at once with

William P. Best, M. D.,

Secretary of the National Eclectic Medical Association,

Indianapolis, Indiana.

Connecticut Eclectic Medical Association.

The Connecticut Eclectic Medical Association held its fifty-second annual meeting at the Allyn House, Hartford, Conn., on Tuesday, October 8, 1907.

President John W. Fyfe, of Saugatuck, arranged a most interesting program, placing Frank B. Converse, M. D., in charge of the section on practice; James E. Hair, M. D., in charge of the section on surgery, and O. L. Massinger, M. D., in charge of the section on materia medica and therapeutics. Doctors Sibley and Harris attended as representatives of the college.

New York Specific Medication Club.

The regular monthly meeting of the New York Specific Medication Club was held in the college auditorium Thursday evening, September 12, President Brandenburg presiding. A large number of members responded to the roll call. The minutes of the previous meeting were approved as read. Drs. A. B. Wolf, J. Moran, E. Brunor, J. Foley and P. Mollowitz were unanimously elected to membership.

Dr. Boskowitz moved that a committee of three be appointed to draw up resolutions on the death of Dr. J. H. Birkenhauer. The motion was unanimously carried, and the chair appointed Drs. Boskowitz, Tyrrell and MacDermott.

Dr. Boskowitz read an essay entitled "Timely Talk on Drug Action." The paper was discussed by Drs. Moran, MacDermott, Tyrrell, Bernstein, Schaefer and Lloyd, all of whom heartily endorsed the remarks of the essayist.

A unanimous vote of thanks was tendered Dr. Boskowitz for his interesting and instructive paper.

In answer to Dr. Harris' question as to the action of apocynum cannabinum as a diuretic, Dr. Boskowitz answered in the affirmative. Dr. Lloyd believes that much of the action of the drug in oedema is due to its stimulation to the absorbents.

Dr. MacDermott was appointed essayist for the October meeting, and announced that the title of his essay is Iodine.

————— H. Harris, Secretary.

Eclectic Medical Society of the City and County of New York.

The Eclectic Medical Society of the City and County of New York held its regular meeting at 9 P. M., on September 19, in the lecture room of the college, Dr. C. A. Tyrrell in the chair. The application of Dr. Emmanuel Di Leo was referred to the censors and later they recommended the applicant for membership. On motion the society proceeded to the election of Dr. Di Leo, and he was unanimously elected a member of the society.

Dr. Boskowitz presented a proposition, with a sum of money, offered by some friends of the society, to be distributed as prize money in sums of five dollars as prizes to be given each month until exhausted for essays, the members at the meeting acting as judges, a two-thirds vote being necessary to award the prize. The professors of the college are not included in the contestants. The distribution will be three dollars for the first prize and two dollars for the second prize.

On motion, the proposition with donation was accepted with thanks. On motion, the secretary was instructed to send a copy of the proposition to each member and an invitation to participate in the competition.

Dr. Geo. W. Thompson read an essay on influenza, which will be published in the Eclectic Review. On motion, a vote of thanks was given to the essayist. Adjourned.—Charles Lloyd, M.D., Secy.

Selections

Home-Made Buttermilk.

It is now within the power of every household to have an abundance of that refreshing and healthful summer (also winter) drink—buttermilk. To the present time no one knew of any source of buttermilk except from the butter-maker; but nowadays the butter-maker does his work so well that the buttermilk is entirely deprived of the delicious little grains of fat which add so much to its food qualities as well as to taste. True buttermilk, made direct from fresh rich milk, within a few hours, of the finest flavor and taste, nutritious and more excellent than the article as originally known, can now be prepared in any kitchen. This is done by taking a quart of fresh, rich milk, adding a pinch of salt and about a half-pint of hot water to raise the temperature to body heat, and lastly adding a tablet which contains a pure culture of lactic acid bacteria. Place all in a pitcher, cover with a napkin, and let stand for twenty to twenty-four hours at the ordinary temperature, and there is your perfect buttermilk. The tablets are made by Parke, Davis & Co., the pharmaceutical and chemical manufacturers of Detroit, Mich., and are called “Lactone” or buttermilk tablets.

On the farm, in the process of buttermaking the cream is allowed to sour spontaneously and is then churned. The souring is the lactic acid fermentation caused by lactic acid bacteria or ferments. The difference between the new and the old process is one of method and not result. In the old, the lactic fermentation is waited for and expected to occur spontaneously, with disappointment sometimes. In the new, the ferment in pure culture is directly planted in the milk, and the desired fermentation is secured without fail. In Bible days, spontaneous fermentation of dough was depended upon to leaven or lighten bread, and failure frequently attended the process, the dough putrefying instead of fermenting, and was then lost. Finally, man learned to add yeast to the dough and not to depend upon spontaneous processes, with the result of always securing the right fermentation and making a better and more nutritious bread. This new buttermilk process is a like improvement.—Monthly Bulletin Indiana State Board of Health, June, 1907.

An Ideal Method of Treating Rheumatic Conditions.

BY M. R. DINKELSPIEL, M.D.

Ex-Resident Physician, Philadelphia Hospital.

The accurate determination of the exciting factor of rheumatic conditions, and, in fact, most of the errors of metabolism, has not yet been reached. We know of many predisposing factors, such as heredity, deficient elimination, sedentary life, consumption of an excess of nitrogenous food, especially when association with al-

cohol, etc., yet it cannot be denied that we have made by far more progress in the therapy of these conditions than in the determination of their etiology.

Chemical and physiological experiments, pathological examinations and the most careful clinical observations—all have failed to accord rheumatic and gouty processes a definite and accurate position, as far as their exciting cause and correct etiology are concerned. Based upon our knowledge of the signs of defective metabolism that accompany the various stages of rheumatic processes, we advise our patients to modify their diet, stimulate their emunctories by attention to exercise, baths, the drinking of quantities of water and giving proper attention to the gastro-intestinal tract.

In my opinion, however, the nearest approach to therapeutic accuracy in some of these conditions that we have reached, is in the employment of colchicine internally and in the external application of the oil of wintergreen. For some time past I have used colchicine in the form of colchi-sal capsules, which contain the equivalent of three minims of pure methyl salicylate from *betula lenta*, and 1-250 of a grain of crystalized colchicine with 1-500 of a grain of the active principle of *cannabis indica*. These capsules I have found to be absolutely reliable. For local swellings, as in acute arthritis of rheumatic origin, in gouty attacks, in myalgias, especially lumbago, torticollis and pleurodynia, as well as in sciatica, I have invariably employed the mentho-methyl-oleo-salicylate, known as *betul-ol*. Its peculiarly efficient power of penetration and analgesic properties have stood me in good stead. The following cases indicate the value of these drugs:

Case I.—Mrs. K., a German woman, aged forty-four years, was of good health with the exception of rather frequent attacks of acute arthritis of rheumatic origin. She had taken salicylic acid in various combinations, and had frequently used liniments containing oil of wintergreen—at least, the prescriptions called for *ol. gaultheriae*. I modified her diet, prescribed baths and saline laxatives, and ordered her to take one capsule of colchi-sal every hour for one day, one every two hours on the second day and one every four hours for a period of a week. Locally, I ordered *betul-ol* applied by means of gentle friction for five minutes by the watch, twice daily. In ten days all symptoms disappeared, and for the past five months have not reappeared. In addition to the disappearance of the pain and swelling, she has gained in weight and has improved much in energy and spirit, factors which so often go hand in hand with improvements in lithemic conditions. I have advised her to take one capsule three times daily for one week during each month, to prevent recurrence.

Case II.—Mrs. R., aged 30 years, widow, consulted me for very acute pain in the left side. She had had pleurisy two years before. Examination showed the pain to be located in the muscles; in short, a typical case of myalgia. I prescribed colchi-sal capsules to point

of tolerance, and ordered betul-ol to be gently rubbed over the painful area twice daily. The pain disappeared in three days. It had been my practice to strap the chest in these conditions, with great benefit, but a patient otherwise in good health, as a rule, does not like the strips around the chest. I have found the above described procedure a valuable substitute, with the additional value of preventing further attacks.

Case III.—Miss A. L., aged nineteen years, was attacked severely with acute rheumatic fever. Both knees were greatly swollen, and her general condition was very poor. She had a number of successive drenching sweats. Her temperature fluctuated between 101° to 104° F., and at one time threatened to reach a point of hyperpyrexia.

It had been my custom up to the time of this case, to administer salicylate of sodium internally and apply equal parts of oil of wintergreen and olive oil locally to the inflamed joints. In this case, however, I ordered colchi-sal capsules, one every hour for twenty-four hours, and one every three hours thereafter. Locally, I applied betul-ol and olive oil, equal parts, and covered the inflamed joints with lambs' wool over oiled silk. With each capsule of colchi-sal I ordered a glass of cool Vichy to be given, and confined the patient to a milk diet. The case made a rapid, uneventful and uncomplicated recovery.—*International Therapeutics*, October, 1906.

Veratrum Viride.

The following interesting description of veratrum viride is from Doctor W. S. Robinson's article in the September Brief. The doctor says:

Where there is a high arterial tension, uncomfortable throbbing sensation in the head, fullness, heaviness, roaring, wavy pulsation in the ears, flushed face, or, in other words, a partial sun-stroke, "over-heated," there is nothing better than veratrum viride. It is no sleep-producing medicine, neither does it relieve pain, but it does produce a soothing or sedative effect, not like other preparations that are given to soothe or quiet by its sedative action. The longer it is given the less of the drug will be required to soothe the patient. It has no bad after-effects.

With high temperature and full pulse, or any condition in which the patient is disturbed by a feeling of discomfort, due to exaggerated action of the heart, veratrum viride will improve the condition. Children threatened with spasms, veratrum will produce calmness and quietude, prevent convulsions until the fever can be subdued. You will never have convulsions, when your patient is well under the influence of veratrum.

Now, the danger of veratrum has been greatly over-estimated, as there are no deaths reported from its use. When indicated, give until you obtain its constitutional and controlling effects, and this can be done without any danger.

Items

We need the catalogues of 1872 and 1873. We will gladly give a year's subscription to the Review in exchange for these.

Dr. M. H. Hennel, formerly of Coshocton, O., will open an office in Asheville, N. C., early in November. The doctor has for many years given special attention to throat and lung difficulties.

Dr. Mary B. Carr has successfully passed the Health Board civil service examination. Our girls are setting our young men an example worthy of imitation.

The thanks of the school are due to Dr. George Schafer for a magnificent portable blackboard.

Dr. G. E. Holmberg has presented the school with forty individual lockers. Students and faculty accord their grateful thanks.

The elephant hunt at the "Jungle" on October 11 was a "roaring" success.

Trustee Miller was there, too.

Everybody was pleased to meet the professor of "bugology."

For a neat, clean, wholesome, convenient, well-equipped institution, 239 East 14th Street cannot be beaten.

Dr. Caesar Millis has been appointed district physician for the Electric College Free Dispensary.

What happened to MacLachlan?

The matron has presented us with a very useful hamper for the clinic room.

This month we expect to install an incinerator on the top floor of 239.

Read the advertisements. Patronize the advertisers. In writing, mention the Review.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. X.

NEW YORK, NOVEMBER 15, 1907.

No. II.

Poliomyelitis.

The skill of the physician has been taxed by the peculiar epidemic that has visited New York and vicinity for the last few months. The onset of the disease is much like cerebro-spinal meningitis, marked rigidity of the neck lasting from a few days to a fortnight, fever for several days, occipital headache, and even coma in some cases. Apathy, occasionally restlessness and delirium and convulsions. Gastro-intestinal perversion, such as vomiting and diarrhoea or constipation. Occasionally a severe type was manifested with paralysis and death in from one to six days; again, in others the symptoms were all mild and cases recovered without any paralysis appearing.

Examinations of the blood, cerebro-spinal fluid, and post-mortems have furnished no definite information as to the ethiological factor. It is one of the diseases that must be treated symptomatically.

We should like the members of the Review family to send us their experiences.

College Changes and Improvements.

We hope the friends and graduates who visit New York City during the winter will pay us the courtesy of a call and inspect our building. So many changes have been made that they cannot help feeling pleased and gratified at the improvements and additions. The lecture program has also been rearranged, so that four exercises are at times being conducted at the same hour. It keeps us hustling, and the student has not a minute to spare.

Justice to a Cocaine Dealer.

It would seem as if the recent court decision which sentenced a druggist of this city to six months in the penitentiary for selling cocaine without a physician's prescription ought to exercise a re-

straining influence on the degenerate class of druggists who in every possible way foster a habit which is ruining thousands of young and otherwise promising human beings. This particular druggist must have had a very profitable trade in the drug which is the means of fastening upon its victims the most degrading habit of modern times, for he had previously been twice convicted of the crime. The first offense brought him a fine of \$75, and on being convicted the second time, although the health commissioner and other reputable citizens protested and insisted upon a jail sentence, the fellow was fined \$250. So great, however, were the profits from his soul-destroying traffic, that this second fine and warning did not prevent his continuing to sell cocaine to its victim, and he was soon arrested for the third time. On this occasion prominent clergymen appeared against the rascal and proved that through his influence young men of their congregations had acquired the cocaine habit and were able to purchase vials of the drug from druggists of the prisoner's class without the slightest difficulty. It was impossible for the court to withstand such a weight of evidence, and it sent the man to jail for six months.

In referring to the foregoing case the *New York Sun* says:

"The enormous profits of this illicit traffic may be judged by the indifference of those who pursue it to the heaviest fines the law permits. It has been shown that dealers in cocaine have an elaborate system of agencies among the pupils of the public schools of New York and neighboring cities. Quantities of the debasing drug are entrusted to youthful emissaries who either buy them outright or take them from the drug stores on commission. They are sold in doses to suit the purchaser and even the humble cent is grist to this particular mill. Cocaine is superseding candy among the boys in the public schools and those who work in offices and stores. It is also whispered that many girls are not altogether ignorant of its use.

"The rise of such a practice is deplorable. The evil effects of cocaine upon grown people are tolerably well-known, but young people under twenty go to pieces under its influence with frightful rapidity. There is absolutely no future for the youthful user of cocaine. Body and brain succumb beneath its subtle degradation, and the worst of it is that its victims do not always die outright although they may be rendered useless for life."

When cocaine was introduced to the medical profession as a means of relieving pain it was heralded as the greatest boon ever vouchsafed to suffering humanity. But, alas! it has proved one of its greatest curses. There is a slight hope for the morphine fiend, but for the cocaine victim there is nothing to look forward to but a degraded life and a dishonored grave.

J. W. F.

Original Articles

President's Semi-Annual Address.

BY JOHN WILLIAM FYFE, M. D.

Delivered at the semi-annual meeting of the Connecticut Eclectic Medical Association.

Fellow Physicians: In accordance with time-honored custom, I welcome you to the fifty-second semi-annual meeting of the Connecticut Eclectic Medical Association. It would be gratifying to see a larger attendance here to-day, but the good and true Eclectics before me give ample assurance of a profitable meeting.

The Eclectic School of Medicine was never in better condition than it is at the present time. Our colleges are educating students who find no difficulty in passing the most stringent examining boards. In fact, in many instances, our students have received the highest rating. Our colleges, though not as large as some of the older institutions, are fully supplied with all necessary facilities for imparting a thorough medical education. This fact is especially noticeable in our New York college, where many costly improvements have been made during the present year. Our text-books are fully up to date, and cover all branches of study in which we differ from the other schools. In addition to our text-books we now have twelve well conducted and prosperous journals earnestly devoted to specific medication.

It is true that the national and state directories do not contain the names of as many physicians calling themselves Eclectics as they did at one time, but the men who constituted the number formerly given in excess of the present numerical strength of the Eclectic school were never Eclectics in fact. They consisted of a class of men whose conduct was exceedingly reprehensible. Many of you undoubtedly remember that previous to the adoption of medical laws by the states a large class of itinerant practitioners were constantly traveling up and down the land. As the Eclectic treatment was different from that of the old school and becoming more popular with the people these mountebanks deemed it good business policy to get their names inserted in the directories and newspapers as Eclectics. While some of the earlier medical laws were not just what they should have been they proved, contrary to the expectations of their authors, of great and lasting value to the Eclectic school, for by driving these fakirs and abortionists out of practice they prevented their continuing to drag its name down into their pool of filth by claiming to be members of it.

The removal of these undesirable persons from the directory lists is the principal cause of our membership appearing to be less than it was a number of years ago, but as a matter of fact there are more Eclectic graduates to-day than there have been at any other

time. It is, however, to be regretted that a few of our Eclectic graduates have listened to the voice of the tempter and accepted the invitations which have been fervently extended by medical politicians, who, having failed to accomplish the destruction of the Eclectic school by persecution, are now endeavoring to annihilate it by absorption. These politicians tell us that there is no difference in the schools, and purringly invite us to come into the fold and be clothed with the dignity of membership in the mighty old school and thereafter, like the lion and the lamb, lie down together in peace and happiness, but the lamb must give up his identity and rest, as of old, in the lion's belly.

In New York the medical politicians last winter introduced in the legislature a proposed law depriving the Eclectics and Homeopaths of their separate examining boards, but the Eclectics and Homeopaths united—as they always should—and secured sufficient votes in the lower house to defeat the unjust bill. As soon, however, as the politicians discovered that their scheme was doomed they removed from their proposed law all reference to *materia medica* and inserted a clause licensing for six years the six or seven hundred osteopaths in that state and without any medical examination whatever. They in this way secured the influence of the osteopaths, and through the power of this influence, secured the passage of a law which does not require a physician to have any knowledge whatever of *materia medica* or therapeutics! This one instance of many shows the length to which these scheming politicians will go in order to ignore or humiliate Eclectic and Homeopathic physicians. But, gentlemen, if we prove ourselves men of principle and stand by our colleges and societies they can no more readily injure our school by tricks than they could in times past by persecution.

In referring to these designing politicians who evidently wish to control everything medical, I do not include the great and noble rank and file of the older school of medicine, for the greater number of them are disposed to deal fairly with us, although many of them believe that the time has arrived when the three schools of medicine should be united in one great body. But I think they are wrong, and that the time for such a union is far from being in sight. There is yet a great deal of work to be done before a union of the schools can become even desirable. We can do much better work as separate and independent schools. The old school has accomplished much of value to humanity along the more scientific lines of investigation, but in the field of *materia medica* its activities have been nearly worthless to the sick. So far as its own discoveries in *materia medica* are concerned it stands but little in advance of its position fifty years ago. Take from it the remedies which have been discovered or developed by the Eclectics and its *materia medica* would be poor indeed.

While the Eclectic school has not accomplished any great results along the lines of the more scientific research, its earnest efforts along the lines of practical medicine have given to the world a materia medica which fully justifies its existence as a separate school of medicine. Its greatest work, however, is the development of the system of therapeutics known as Specific Medication, which it is still improving, and which is evidently to become the greatest blessing ever vouchsafed to suffering humanity. As a separate school it has ever been the ambition of the Eclectics to excel all other schools in their knowledge of our indigenous materia medica. As members of the old school they would be likely to lose this commendable ambition and fall into the ways of the greater number. Thus the chosen work of the Eclectics would be neglected or cease altogether and the world would lose much as a result.

Now, gentlemen, it all depends upon you and I and each individual member throughout the land as to whether the Eclectic school of medicine shall continue a great and potent power for good, for in the course of nature the time will come when we must give way to other and younger men. Are we doing our best to provide for this emergency? Are we sending to our colleges young students in order that they may be prepared to take our places when the time comes for us to surrender the reins into other hands? If not, let every one of us, as we go to our homes, do so with a firm resolution to soon place in an Eclectic college at least one suitable young man or woman.

Echinacea Augustifolium.

BY O. L. MASSINGER, M.D.

Read at the semi-annual meeting of the Connecticut Eclectic Medical Association.

Echinacea augustifolium is an indigenous, herbaceous plant of the composite order, found principally in the western states, Kansas and Nebraska producing the better plant for medicinal purposes. Its name is derived from one Greek and two Latin words. *Echinacea* is taken from the Greek word *echinos*, meaning hedgehog or sea urchin, referring to the spiny, hedgehog-like fruiting head, while the specific name, *augustifolium*, is taken from the two Latin words, *augustus* (narrow) *folium* (leaf), this being the narrow leaf specie of the *echinacea* family. The leaves, which are three-veined, vary in shape from broad lanceolate to lancelinear.

The root of *echinacea* varies in size from the thickness of a lead-pencil to that of the little finger. The deep brown or reddish brown epiderm is shrunken, and wrinkled, longitudinally, and is often disposed in spiral folds upon the subdermal portion of the root. The woody portion, as seen upon transverse section, is composed of medullary rays, separated by a greenish pulp like substance. When broken, the

dried root exhibits a grainy, and apparently decayed aspect. When chewed, the root, if of good quality, imparts at first a sweetish taste, subsequently becoming acrid and pungent and finally leaving a persistent tingling sensation, followed by a peculiar numbness of the tongue and fauces. It differs from that of the prickly ash, lacking the peculiar aromatic qualities of the latter.

Echinacea angustifolium is said to possess diuretic, diaphoretic, sialagogue and alterative properties.

This is a remedy wherever you find a depraved condition of the blood in any disease, and one might say a specific antidote to all diseases of blood poisoning, whether showing a great or small amount of cell destruction; as well as being a powerful antidote to snake bites and poisonous insects. It is indicated where there is a tendency to gangrenous states, with sloughing in the soft tissues. In fevers it exercises a direct influence upon the system, by equalizing the circulation. It is an intestinal antiseptic as shown by its destructive influence upon the pernicious germs as soon as administered. It is a nerve stimulant, that is, when the condition is due to a depraved state of the blood. But when all is said, we find it is indicated in any disease where the change may be manifested in a disturbed balance of the fluids of the body, resulting in cell destruction; such changes, whether they be septic or otherwise, seem to find their master in *echinacea angustifolium*.

By keeping the action of the remedy in your minds, and following me closely, you can readily see where I have been successful in its use, as all the conditions that I shall refer to are from the use of the remedy in my daily practice.

In sore throat, diphtheria, tonsillitis, quinsy, glossitis and laryngitis you will find that wherever you have the dark blue or purplish condition of the membranes, showing the low state of the blood, that the remedy is indicated, and your results will be pleasing to your patient as well as yourself. If there is much fever present, I combine it with aconite or ferrum phosphate and sometimes with gelsemium. If there is not much fever, you can combine it with phytolacca, chlorate or bichromate of potassium, according to your indications; and in diphtheria you need no other remedy than *echinacea* and bichromate or chlorate of potassium.

In diseases of the throat I have had very excellent results by using locally as a gargle hydrogen peroxide; phytolacca and *echinacea* in diphtheria and follicular tonsillitis; phytolacca and permanganate of potassium in laryngitis, in conjunction with the indicated remedies.

In syphilitic sore throat or ulceration of the nares, you will see it act like magic, if used locally at the same time it is given internally.

The drug seems to exert a decided influence over catarrhal conditions of the stomach and intestines; in gastritis, fermentative dyspepsia, ulcerative stomatitis, intestinal indigestion and duodinal catarrh. In these conditions you must not be afraid to give the remedy too

often, for your best results from the remedy will come from 1-2 to 1 dram doses, given every three or four hours in water.

Echinacea is a remedy that should not be forgotten in fevers. My experience has not been such that I can lay claim to the wonderful results that some claim for it in febrile conditions. In measles, chicken-pox and scarlet fever it seems to exert a powerful influence, not shortening the attack, but the diseases run a very mild course and leave no bad after-effects. If you give *echinacea angustifolium* in scarlet fever you should never fear having it complicated with nephritis or any other complication.

Many physicians claim more for the remedy in malarial fever than others, and I can only say this about the remedy: I have used it in twenty cases without one failure; the disease would soon be under the control of the drug, the chills would not return after several days' use of the drug, and the patients could return to work as if they never had been ill. If the remedy is continued several weeks after the fever is broken up, they will have no return of the trouble, as the remedy seems to entirely rid the blood of the malaria plasmodia. I have watched the blood very closely while giving the remedy, and have found that the red and white blood corpuscles increase in number, and the blood gradually becoming free from the plasmodium.

In typhoid or typho-malarial fever you will get excellent results from echinacea. When you have a great deal of adynamia present the results obtained is very pleasing, as it seems to exert a powerful influence over the condition; the pulse becomes slower and stronger, the temperature lower, and the patient decidedly stronger. In these conditions it will be necessary for you to be able to differentiate its specific action from that of baptisia and rhus tox. Baptisia and echinacea have almost the same action or specific indication. You can tell when to give rhus tox., in preference to it, in that rhus tox. has the dry, red smooth and red triangular tip tongue, while that of echinacea is dark brown, purplish or even may be black.

Baptisia has not so great amount of adynamia present as echinacea, but the tongue and other indications are about the same. If I start in from the beginning to give these two remedies in typhoid fever I find that I need no other remedies. Twelve cases treated with echinacea fully recovered in from three to five weeks.

In puerperal fever after uterine curetment, followed up by an intrauterine douche twice daily, with the soline solution, giving, echinacea in one dram doses every three hours, you will find your temperature to drop gradually to normal, pulse becoming stronger, and patient able to be up within a very short time. I might recite a case which occurred not long ago: a noted physician was called to see a case of puerperal septicemia; he gave one glance at the patient, made no examination, ordered the attending physician to discontinue cureting the uterus daily, and give the patient echinacea every two hours in teaspoonful doses. Within twenty-four hours the tempera-

ture was normal, and patient discharged cured at the end of eight days. This case was very interesting, in the fact that three different doctors gave the case up, and the family was prepared for the worst to come.

In septicemia you will find that it is a remedy that you can rely upon, and it does not seem to make any difference as to the cause of the infection—the effect is the same.

The remedy is of great service in skin diseases, locally as well as internally. It seems to act in any form of eczematous conditions, but especially the moist forms, with glutinous exudations associated with asthenic condition of the system.

In acne, especially where associated with indigestion, boils, carbuncles, pus cavities, chancroids, chancers, old sores, bed sores and erysipelas, or any ulceration, where you find the low state of the system, this drug is very useful. In these conditions when treated with this remedy, they soon disappear, and you do not have a return of them, when you continue the remedy long enough to clean the blood of the poison. In acne, when associated with stomach or intestinal disturbance, I give it in conjunction with *nux vom.*, *hydrastis*, *podophyllin* or *berberis aquifolium*. according to the conditions that I find present.

In abscesses, boils and carbuncles you will find that where calc. sulph., ferrum phos., chlorate of potassium or silicia is indicated, echinacea will be of great service to you in cleaning up the conditions.

Lachesis and baptisia are the two remedies that you need to compare with echinacea in gangrenous conditions, the former being more like echinacea in its action on gangrene than the latter.

In erysipelas it is very similar to *rhus tox.* in its action upon the system, but you must not forget that *apis mel.*, *belladonna* and *jaborandi* are to be considered sometimes in preference to echinacea.

I have treated eighteen cases of dysentery without giving any other remedy than *geranium* and *echinacea*. The blood would disappear from the stools within twenty-four hours and patient well within a few days.

I could continue to recite many more cases and conditions where this remedy does good work, but I want to hear what experience some of you other physicians have had with the remedy; so I will sum up the specific indications that I go by, and then give way to some one else.

It is indicated in all conditions traceable to blood depravation, or to the introduction of noxious poisons; where there is a tendency to sepsis or malignancy, as in abscesses, carbuncles, ulcers, gangrene, etc.; tendency to formation of multiple cellular abscesses with marked asthenia; foul discharges from any part, with a weakened and wasted condition of the system; deep or shallow blue or purplish discoloration of the skin or mucus membranes, with or a tendency to a low type

of inflammation. The tongue shows a purplish, or dark brown condition, or may even be black.

The dose of echinacea is from one to five drops, but I have gotten the best results by giving the remedy in thirty-drop doses and sometimes in dram doses. You will find that Lloyds' specific medicine can be relied upon, as the strength of their medicine is about the same at all times. In giving echinacea you must govern the dose and frequency according to the conditions present. You will also get excellent results by giving it subcutaneously in ten to fifteen-drop doses, diluted with three parts water.

Bridgeport, Conn.

Ruptured Kidney.

BY JAMES E. HAIR, M.D.

Read at the semi-annual meeting of the Connecticut Eclectic Medical Association.

Mr. President and Fellow Doctors: My intention was at first to give you a report on several minor surgical cases and their treatment, believing that to the busy practitioner they are much more valuable than a discussion of major operations, which, however interesting to all of us, are usually left to the operating hospital surgeon, but I decided to report a case which seemed to me to be of more than common interest, both from the severe internal injuries received, and the fact that no symptoms or evidence of the injury appeared until two days after the accident which caused them.

The history of the case is as follows: I was called at 3 A. M.; patient female, 14 years of age; suffering severe pain in right side, extending from lower border of ribs to inguinal region; pulse 110 and temperature 100° F. The patient gave the following account of the accident: While riding the horse ran away and the carriage collided with a telegraph pole, throwing her to the ground. A companion riding with her struck against the pole, sustaining a dislocation of the left elbow and a sprained ankle. My patient as she was thrown from the carriage fell on her companion and apparently was uninjured. Both were taken home and a physician called. He found that my patient had apparently not been injured. On the following day, about 36 hours after the accident, the patient complained of pain which increased momentarily in intensity. After all home remedies had been applied to relieve her, I was called as stated.

On examination found abdomen slightly tense and very tender on pressure, especially over appendicial region; bowels had not been evacuated in 24 hours; urine voided but with considerable pain; gave anodyne, and after telling parents I suspected internal injuries, said I would call again in a few hours. At 9 A. M. found patient had rested 3 hours, after which pain had become more intense, and she begged for something to ease it. Examination found pulse same, but temperature 101, and evidence of tumor or swelling near, but above,

McBurny point; gave aperient and applied dry heat over seat of pain and requested consultation. At 12 noon patient in same condition as to pain, but temperature 101.5; no movement of bowels; gave enema, continued hot applications and decided that an operation for appendicitis or intussusception would have to be performed, or that I would not be responsible for patient. A consultant was then called nearly three hours afterward, at which time temperature had risen to 102.5. After examination and history of the case it was decided that it was appendicitis from probable traumatic causes, and that an immediate operation was necessary, to which the parents only consented after being told that patient would die if not operated upon. An incision over McBurny point of two inches, afterward enlarged, disclosed the vermiform appendix somewhat inflamed, but not the cause of the trouble (it was removed). Examination showed the gut above was inflamed, and a partial intussusception; gut was straightened out, and on further examination a large tumor (extra peritoneal) was found in the region of the right kidney. After thoroughly washing out of abdominal cavity with hot saline solution and closing the abdominal wound in the usual manner, the patient was placed in left lateral position and an incision about two and half inches long was made in right lumbar region, from just below the border of ribs, downward and slightly forward, over the region of the kidney, and here we found our greatest cause of the patient's pain. The capsule of the kidney was largely distended, and on puncturing it about seven ounces of blood escaped. On further examination with index finger there was disclosed a ruptured kidney. After cleansing the cavity with saline solution and packing wound with plain gauze the patient was put to bed. On recovering from anesthetic she complained only slightly of pain, and the following day her temperature had fallen to 100. Patient was catheterized and urine examined: specific gravity 120, and contained some epithelial cells. The dressing not removed until second day, when wound was found in good condition and discharge showing strong odor of urine. The abdominal wound healing by first intention, a dry dressing only was used. The wound in the lumbar region was dressed twice daily afterward and quite a quantity of urinary discharge came away, saturating the dressing. The patient's temperature dropped to normal the fourth day after operation. The wound was allowed to heal slowly, keeping it packed with a small drainage, reducing the size every other day until the fifteenth day, when it was allowed to heal. The patient made an uneventful recovery and was sitting up in three weeks, and walking around her home the fourth week. The external wound completely healed the fifth week.

Ten days after the healing of the wound I was called hurriedly to see the patient and found her complaining of pain in the right lumbar region, extending around and down to the right iliac region, and her temperature was 101.5. She also complained that it pained her to urinate, and that she had made but little urine during the twenty-

four hours previous. I catheterized the patient and got four ounces of highly colored, strong smelling and cloudy urine. On the following morning I found that she had passed fourteen ounces of urine since my previous call. It contained some stringy mucus and was slightly mixed with blood. She said that the pain immediately left her after urinating. Her temperature was normal on the second day, and up to the present time (two months after the operation), she has remained perfectly well, and, in fact, her appearance is much more healthy looking than it was previous to the operation.

Echinacea Hypodermically.

BY FRANK WEBB, M.D.

Read at the semi-annual meeting of the Connecticut Eclectic Medical Association.

So much has been written in regard to the internal administration of echinacea, that I feel I could add nothing to it, but it is of the hypodermic and external use that I wish to speak.

I know it is a decided innovation and I expect to meet with opposition, but speaking from my own experience, echinacea administered hypodermically is a valuable anti-toxin. It opposes all and every toxin, no matter what the name may be, that comes from the introduction of toxins into the blood.

Some years ago I was called to a case of typhoid fever that had been treated by an old school doctor, and he said he could do no more for the patient. I was then called and found the patient in a very low state, a very high temperature, a weak heart, and apparently all the signs of death. I saw that something had to be done quickly. I mixed 20 drops of sterilized water with 20 drops of Lloyd's echafolta and 2 drops of cactus, and used it as a hypodermic injection. The next morning the patient was better, and I continued to use the remedy hypodermically for five days, and then began the internal administration of the drug. In a short time he made a complete recovery, and it is needless to say that the family is still much pleased with Eclectic treatment.

A short time after I was called to a case of diphtheria. The people insisted on anti-toxin so I used echafolta and water as my anti-toxin. I gave the child eight hypodermic injections of 30 drops each time, and it recovered.

About this time my attention was called to a preparation of the drug that Luyties Homeopathic Pharmacy of St. Louis put up, called hypodermic echinacea. I procured some of it and have used it with the most brilliant results. I would say in regard to this preparation, that it is non-alcoholic; so it cannot be, as some aver, the alcohol and not echinacea that does the work. I have treated sore throats with it in too many cases to remember: tonsillitis, pseudo-croupus diphtheria, and diphtheria, and with success in

every case but one, and that child was brought up to do as it willed, so it paid the penalty with its life.

Now in regard to the external use I will be very brief. I use echafolta, one part to three in all cases of varicose ulcers, and have cured many; one case in particular that had been treated 33 years.

In closing I wish to call the attention of the profession to the fact that a great many varicose ulcers are due to the wrongs of the portal circulation, and there is one drug that is sadly neglected by the profession, and that is *carduus marianus*. Unfortunately it is not amongst our specific medicines, but a good mother tincture is always to be obtained.

If by writing my experience with *echinacea*, I have opened up a wider field for it, I shall be rejoiced, as I feel certain that the hypodermic use of *echinacea* is one of the great blessings to suffering humanity.

Bridgeport, Conn.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The Second Row in My Medicine Case.

NO. XI. STRYCHNINE SULPHATE.

The sulphate of strychnine is an agent of marked curative power in all cases presenting the specific indications given in this article. The indications for strychnine—an alkaloid usually obtained from *nux vomica*—and its salts are identical.

Strychnine increases the appetite and is of great value in cases of impaired digestion. As a bitter its action is to stimulate the flow of saliva, and increase the secretion of gastric juice. It imparts tone to the muscular walls of the intestines, and through this influence peristalsis is increased, many times resulting in the cure of constipation caused by lack of muscular tone. In atonic dyspepsia strychnine is a very efficient remedial agent. It stimulates the nerve centers, thus rendering the digestive process more perfect, and enabling the stomach to respond more readily when it receives the stimulus of food. The gastric catarrh which often afflicts persons who use alcoholic drinks may be beneficially treated with this medicament. It is also many times useful in vomiting of pregnancy, as well as in that which often distresses the victim of phthisis. The tonic action of strychnine upon the intestinal muscles renders it a valuable remedy in habitual constipation and atonic diarrhoea.

As a tonic in chlorosis and anemia strychnine is highly esteemed and used with great advantage. It is also a remedy of usefulness in the treatment of delirium tremens and as a means of preventing the usual effects of alcoholic intoxication it is employed with marked success. In the treatment of alcoholism the nitrate is said to be more efficient than the sulphate.

In cases exhibiting a predisposition to post-partum hemorrhage the sulphate of strychnine exercises a restraining influence which is unmistakable, and in the night sweats of consumptives it is used with satisfactory results. It is also useful in the treatment of diabetes mellitus.

Strychnine is a most valuable cardiac tonic, having a marked action on the cardiac nervous system, and also upon the heart muscle. The irregularity of the heart's action which many times accompanies hysteria, hypochondriasis and pregnancy is greatly relieved by moderate doses of this drug, and in failing blood pressure it is often used hypodermically with good effect. It has caused the pulse to become full and strong, even when it was almost imperceptible, and death appeared imminent.

In pneumonia, typhoid fever and other diseases accompanied by dyspnea and feeble heart's action, strychnine exerts a corrective influence, but it is probably less valuable than it is sometimes thought to be. It is used with advantage in bronchial and neurotic asthma, and in many forms of neuralgia, especially of the visceral variety, it is deemed an agent of curative power. In bronchitis it is used with satisfaction, and as a means of relieving coughs of nervous origin it has long been highly valued.

Strychnine is rapidly absorbed and slowly eliminated. It is mainly eliminated by the kidneys, but to some extent by the skin and salivary glands. Strychnine has been detected in the urine as late as eight days after it had been taken into the stomach. The drug being very poisonous, great caution should be exercised in its administration. The smallest lethal dose is said to be one-sixth of a grain. A fatal dose has caused death in fifteen minutes, but two hours is the more usual time. In some cases death has not occurred until six or eight hours after taking the drug.

The following are deemed reliable indications for the exhibition of strychnine or its salts: Periodicity, when there is marked atony of the stomach; cold stage of intermittent fever; wandering neuralgic pains; debility and nervous prostration, with impaired circulation of the blood, feeble action of the heart and small pulse; diphtherial paralysis; local paralysis, as of the bladder and sphincter ani; lead colic; paralysis of vocal cords; facial paralysis; paralytic affections of ocular muscles, when of functional origin; paralysis of lower extremities due to spinal concussion, or rheumatic or syphilitic affections of the meninges of the spinal cord; paraplegia

when there is no evidence of acute inflammatory or structural changes in the cord.

The dose of the sulphate of strychnine is 1-64 to 1-16 grain, but the 1-100 to 1-30 grain is usually employed.

Concerning Pneumonia.

The timely remarks which follow are reproduced from an important article on the treatment of pneumonia that was written by Dr. W. C. Abbott and recently published in *Clinical Medicine*.

"Great as have been the advantages accruing to the medical profession from the discovery and popularization of the germ theory of disease, it is questionable if it has afforded anything whatever in the way of improving the methods of practice, or the results obtained in the sick-room. In fact it is probable that it is just the other way, and that an enormous harm has been done to the physician as a clinician, by too exclusive study of the germ theory and too great dependence upon it. It is one thing to determine that any particular specific disease depends upon a certain microorganism for its causation, but an entirely different thing to attribute to that microorganism exclusively every phenomenon presented by the disease.

"And yet this is exactly what has been done. The physician has been led away from the study of the patient to the study of the microorganism. He has forgotten the all-important fact that, even if the microorganism be the cause of the disease, it nevertheless acts in and through the human economy, and the principal thing for his study is the derangement of physiology.

"Take for instance the study of typhoid fever. We know this is due to the typhoid bacillus, but to reason from this that every phenomenon presented in a case of typhoid fever is directly due to the bacillus, is illogical and absurd. We know perfectly well that in all fevers there is a suspension of the secretion of the digestive fluids; we know that in febrile diseases these fluids act to a certain extent as antiseptics; we know that under the influence of increased heat and moisture, and the presence of decomposable organic matters in the alimentary canal, the action of the microorganisms which always flourish there is enormously increased, and that many of these microorganisms may become virulent which are not so during health. Their multiplication is greatly furthered and their manufacture of toxins is increased.

"Moreover, the rapid evaporation of water from the surface of the body leaves the blood thicker and increases the tendency to absorption from the bowels into the blood; consequently the toxins manufactured in the alimentary canal by microorganisms there, not the specific microorganisms of typhoid fever but innumerable other ones, are rapidly absorbed into the blood; and circulating there they cause toxemia, which is, as is evident, but indirectly due to the typhoid bacillus. The consequence is, that in every case, not only of typhoid but of every

essential fever, a certain proportion of the symptomatology of the disease is furnished by the action of the toxins absorbed into the blood from the bowels and circulating therein. These toxins act disastrously upon the most delicate tissues of the human body, namely, those of the nervous system; hence we find that derangement of the nervous system occupies a prominent place in the symptoms of every fever, no matter what may be the nature of that fever.

"This is the case in pneumonia as well as any other disease: and it has long since been established that pneumonia is particularly dangerous when there is a disorder of the stomach and bowels attending, whether this be nausea and vomiting, or diarrhea or tympanites. All of these, in fact every disorder of the alimentary canal, seriously increase the danger of pneumonia.

"It follows, therefore, that to empty the alimentary canal and disinfect it, so far as is possible for us to do, is one of the principal indications in the treatment of pneumonia, as it is in every other fever known.

"But the specific microorganisms of every febrile disease are now known to act by increasing the toxins in the blood by a specific toxic element derived from their own vital operations. From both these sources, therefore, we have a vast increase of the toxins which are always found in the blood, both as to their number and to the quantity. The safety of the individual depends upon the rapid elimination of these toxins. Hence it is always an indication in the treatment of pneumonia and of all fevers to keep the eliminant apparatus actively at work, and through the bowels, skin and kidneys, to carry the toxins out of the body as rapidly as possible. If this is done successfully, and the toxins are carried out of the body before they have time to exert a disastrous effect upon the powers of the human system, the patient will recover. If the toxins increase more rapidly than they can be eliminated, the patient will die. Hence, it occurs in many cases that the intelligent application of eliminant remedies will turn the scale in favor of the patient and against the disease.

"You will see that this is simply utilizing the natural powers of the body, and is not directing any specific remedy against the specific microorganism at all. These may be held to be the fundamental principles in the treatment of any and all fevers, of every description.

"We deduce a third indication from the study of the direct action of the toxins produced by the microorganisms upon the diseased part, that is, the tissues of the lungs. It has long been recognized that the first aberration from normality in any case of pneumonia consists in an increase in the quantity of blood present in the lungs. This blood increases first in the capillaries, which become engorged, after a time transudation occurs through the vessel-walls, which may give way also, and an exudation takes place into the air-cells and the smaller bronchioles. The white corpuscles pass

through the walls of the capillaries by a process known as diapedesis.

"Now, it seems obvious that if the process is arrested in the first stage, that of engorgement of the blood-vessels, if these are unloaded and the surplus blood carried away, the second and subsequent stages will not appear. In other words, if we lessen the engorgement of the blood-vessels to such an extent that there will not be that pressure within them which results in the transudation of serum and other substances through the walls of these vessels, there will be no such transudation. This is a simple mechanical law, and it had been observed and put in practice many years before the microorganism and its toxins were discovered.

"There are two ways in which this object may be theoretically accomplished: in the first, by increasing the tonicity of the dilated vessels in order to increase the resistance which they offer to the heart in forcing blood into them; the second is by dilating the vessels through the rest of the body, in order to allow the blood to flow back into them and out of the engorged lungs.

"It is obvious that in this disease, as in fevers generally, the bulk of the blood itself is not increased, but simply its placement is altered. Some of the blood is displaced; and just as great as is the increase of blood in the lungs above the normal amount, to such a corresponding degree there is a scarcity of blood elsewhere. In other words, when the blood vessels of the lungs are engorged and dilated, some other vessels in some other parts of the body have not as much blood as is normal, and consequently are contracted.

"Accordingly, there have always been in evidence two schools of practice, one of which gave remedies which were known as sedatives. These relax vascular tension, acting upon blood vessels whose caliber has been reduced, and by dilating them allow more blood to flow into them and out of the engorged lungs.

"The other school of physicians employed remedies known as stimulants or tonics, which increase vascular tension; and these remedies, acting upon the engorged vessels in the lungs, forcibly contract their caliber, forcing out the blood from them into the other vessels of the body.

"Each school reported good results, and it was long a mystery how it was possible that physicians using remedies of such diametrically opposite qualities could still achieve such good results. This was still more mysterious, since one might say that if a disease could be cured by stimulation, or by its opposite, sedation, it must be a disease which did not require medicine of any kind very much, and that the use of neither one nor the other ought to give still better results. This, however, did not prove to be the case, for it was found that those who gave no medicine at all, occupying the middle course, did not get as good results as those who actively used either the stimulants or the sedatives. A careful study of the mechanics of the case as above given shows why this must be true.

"Of late the idea has been advanced that it is possible to accomplish both of these indications at once. The reason which leads up to this point is as follows: Each cell of the human body exercises a selective action upon the material supplied to it indifferently by the blood, each cell selecting from the blood such material as it requires to restore it to a state of normal equilibrium. This we know to be the case, from the fact that the bone-cells select from the blood the materials of bone, nerve-cells select the material necessary for the evolution of nerve-power, muscle-cells select the material necessary for muscular power; and so each cell of the body selects from the blood which circulates to all cells alike just such material as it needs. It requires, therefore, no special imagination to infer that the diseased cell would select what it needs, whether this may be what we term a food or what we term a medicine. For the matter of that, no one has ever yet succeeded in defining exactly the difference between a food and a medicine.

"It follows, then, that if this hypothesis be correct, the cells of the pulmonary vessels which are deficient in tone will select the tonics which are given through the blood, while the cells in the blood vessels in the remainder of the body which are unduly contracted will select the sedative. Consequently, if we give a tonic and a sedative together, each of the circulatory areas will select that which it needs and reject the rest."

Monarda Punctata.

The above named herb of the mint family is commonly known as horsemint. It is found growing in sandy soil from New York to Illinois, and also in the southern states. It is strongly scented, pungent and slightly hoary. Its leaves are lanceolate, and the floral leaves and heads are tinged with yellow and purple.

Horsemint was a favorite remedy with Dr. Wooster Beach and some of the early Eclectics, but it is now seldom employed. The results obtained from its use by the early Eclectics, however, give ample reason for believing it worthy of careful study. Dr. Beach in his "American Practice" spoke of it as follows:

"Horsemint is a powerful diuretic. It affords immediate relief in gravel and suppression of urine. It restored one man after every other means had failed, and when he had nearly lost his senses from pain. The oil is very useful."

In a recent number of the *Journal of Eclectic Medicine*, Dr. O. S. Laws, of Los Angeles, Cal., contributes the following important facts in regard to the therapeutic action of *monarda punctata*:

"I made the discovery early in my practice that its antiemetic power is wonderful. I was called into the country one day to treat a girl who had 'bilious fever.' As emetics were not only fashionable those days, but considered indispensable in 'bilious fever,' I prepared to give her an emetic.

"The usual method was to give about a dram of ipecac powder stirred in boiling water, and divided into three doses twenty minutes

apart. With the third dose or soon after, the tincture of lobelia was given to loosen up the tardy bile and other materials.

"To flush the stomach, I gave her copious drinks of warm infusion of monarda punctata (horsemint), but no vomiting set in. I mixed more ipecac and gave it, and poured in dram doses of lobelia and followed with the warm tea to fill the stomach, and kept on repeating after that fashion till my drugs were all gone, and the young lady laughed at me and said she felt not the least bit stick at the stomach. So I felt badly defeated and puzzled.

"The next day I returned with more of the same drugs, and used them in the same way with simply warm water to flush the stomach, and vomiting was free and easy as usual. Now I was aware that I had found something of great value in monarda punctata. If a simple infusion like that could perfectly antidote the emetic properties of ipecac and lobelia, and at least three times the usual quantity required for an emetic, surely it could arrest vomiting from any cause. Such was the conclusion forced upon me, and a long experience has proven it correct.

"A hypersensitive condition of the pneumogastric is the cause of vomiting, where it occurs from taking the usual foods and drinks, and an infusion of monarda, or a few drops of the tincture, will soon give back the usual tone.

"In that stormy condition of the digestive tract called 'cholera morbus,' a single teacupful of a strong hot infusion will quiet the storm as if the Master had said: 'Peace, be still.' Of course, the stomach and bowels are usually well emptied before the doctor arrives. I prepare a strong tincture of the leaves and flower heads, and put one or two drams in a teacup of hot water for a single dose in cholera morbus or bilious colic. I often see elaborate shotgun prescriptions and in various combinations for cholera morbus, but I never use them, as this simple remedy has never failed in a case in all my practice.

"I have gone to cases that seemed as if they would turn inside out, if possible, and a single cup of this, given *hot*, would end the storm. Of course, I follow up with occasional smaller doses, and may see indications for other things to prevent a repetition of the trouble. A cup of hot monarda tea taken before breakfast is the best thing to put the stomach on good terms with itself."

Green Apomorphine.

Much has been published in the medical press of late in regard to green apomorphine, some of the writers claiming that its effects were poisonous, while others insist that it is a safe and valuable drug. Dr. M. G. Price, of Mosheim, Tenn., in reporting a case to *Clinical Medicine* has the following to say in regard to this much discussed remedial agent:

"I want to relate a little experience that came to me a few days ago. It is no pleasant sight to see a choking woman, who, it appears

to you, unless speedily aided, will certainly die. There is not time to put on a mush poultice and go and read up. What is to be done must be done now. I took time to think, at least I thought. All my efforts to get the obstacle, a bean, down the esophagus were unavailing. In my 'thoughts' it occurred to me that I might put a dynamite bomb under it and bring the bean up. So I bethought myself of apomorphine. You know, it has a powerful uplifting influence on the contents of the stomach. If we could force the contents of that organ 'up' and out, we ought to get that bean away from its lodgment and thus relieve the situation—I mean the woman.

"So I looked over my hypodermic case and got out a bottle of apomorphine tablets, gr. 1-10, that had been in that selfsame bottle for good fourteen years. They are as green as green can be. The solution is green also. The tablets are active yet, for in about four minutes they completely relaxed the woman and she swallowed the bean, but the drug, true to its nature, brought 'up' everything there was inside the stomach. The relaxation was complete, and I might say almost pitiful to behold. Of course, the nauseated condition of the patient helped to make up the picture of woe. Her pulse weakened. Again I 'thought,' but of strychnine this time, and everything went well, the physiological condition of the patient rising to par and remaining there.

"As you say, you need only try these tablets to nail that oft-repeated lie, that green apomorphine is poison. It is just as good and safe 'green' as when fresh."

Laws Relating to Drugs.

The druggists of North Dakota have scored without stint the laws passed by their legislature restricting them in selling certain drugs over their counters. All the laws that have been enacted by the national congress and by such states as North Dakota relating to pure foods and cognate subjects have been in the direction of securing, for the public, a square deal. It ill becomes the druggists, singly or collectively, to antagonize all well-directed movements in this direction. The habit of substitution, and of pushing patent medicines that are positively fraudulent on their face, is not legitimate business, and the sooner druggists of the country learn this, and decide to abandon it, the better. There is enough money in their business, when competition is not too ruinous, for them, even when they obey the laws that are being enacted in the different states. There is reform in the air, and it is just as well for the world to realize it, and adjust itself to changing conditions. It would be a sad commentary on the missionary and religious movements that have been going on for centuries if at some time in the history of the world there were not moral progress to be noted. Certainly progress is fully due, and it is gratifying to see that it is entering drug circles, despite the despondent song of some of the druggists' organizations over the country.—*The Medical Sentinel*.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Kansas City in June, 1908. L. A. Perce, M.D., president; W. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March 1908. G. W. Thompson, M.D., president; E. H. King, M.D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., Secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearlstien M.D. secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. Electa A. Brown, M.D., president; Pitts Edwin Howes, M.D., secretary.

Meeting of the Connecticut Eclectic Medical Association.

The 52d semi-annual meeting of the above named association was held at the Allyn House, Hartford, on the 8th of October.

An instructive paper read by Dr. O. L. Massinger was fully discussed by the members, and several other papers were read by title.

On invitation, Mr. Daniel Bidwell, of the editorial staff of the *Hartford Times*, delivered an able address on tuberculosis and its outdoor pure air treatment at Cedar Mountain Sanitarium. He thought that if the Eclectic treatment of conditions could be added to the pure air treatment employed at Cedar Mountain much more satisfactory results would be obtained. The address was profitably discussed by the members.

The president then introduced to the association Drs. Harris and Sibley, official representatives of the New York Eclectic Medical College. Dr. Harris said that he was pleased to meet with the association, and also to have an opportunity to say a few words in the interest of the college he represented, as its facilities for imparting a modern medical education were equal to those of any well equipped institution. He invited the members to visit the college, and also extended the greetings of Dean Boskowitz and other members of the college faculty. Dr. Sibley gave a brief and interesting review of the history of Eclecticism, going back to 1829, when a little band of Eclectics, under the leadership of Dr. Wooster Beach, met in New York City and formed an organization which constituted the beginning of our distinctive and successful system of medicine and surgery. The addresses of Drs. Harris and Sibley were listened to with rapt attention, and at their close the gentlemen were unanimously elected honorary members. The following resolutions were then adopted:

Resolved, That a vote of thanks be and the same is hereby tendered to Prof. G. W. Boskowitz for his kindly offer to publish our proceedings in the ECLECTIC REVIEW.

Resolved, That the ECLECTIC REVIEW be and the same is hereby made the official organ of the Connecticut Eclectic Medical Association.

Then by its adjournment the association closed one of its most interesting and profitable meetings. J. W. F.

Texas Eclectic Medical Association.

G. W. BOSKOWITZ, M.D.

Dear Doctor: I have just returned from Texas where I attended the twenty-fourth annual meeting of the Texas Eclectic Medical Association at Dallas, October 23 and 24. The Texas Eclectics are wide-awake. The society has a membership of 150 out of a possible 220 in the state, and 75 were in attendance at the meeting, which was a success in every way. I met Dr. M. E. Daniel, the energetic Eclectic who is the president of the new Texas State Board of Medical Examiners, and the other Eclectic member, Dr. J. P. Rice.

The officers for the ensuing year are: President, G. W. Johnson, San Antonio; first vice-president, C. D. Hudson, Waco; second vice-president, C. E. Frazier, Weatherford; treasurer, M. E. Daniel, Honey Grove; recording secretary, L. S. Downs, Galveston; corresponding secretary, C. W. Watson, Lanier. The next annual meeting will be held in Dallas in October, 1908.

JOHN K. SCUDDER.

Conference of Sanitary Officers of the State of New York.

The seventh annual conference of the Sanitary Officers of the State of New York has passed into history and, for a year at least, will hold a reputation for being the most successful gathering of the character ever held in New York state, and it is very unlikely that the annals of sanitary science in this country can produce the mention of a more successful meeting.

Dr. Ernest Wende, the efficient health commissioner of Buffalo, called the meeting to order on the afternoon of Wednesday, October 18, in Convention Hall. The members of the conference were welcomed to the city in a very pleasant manner by his honor, Mayor Adam, and by Mr. Gratwick, the chairman of the Chamber of Commerce. The latter called particular attention to the Chamber of Commerce building—the power plant of which furnished heat and power to a number of other buildings, while the installation of modern smoke-consuming apparatus made it hardly creditable that such extensive work was being carried on in the engineering room.

Commissioner Eugene H. Porter, M.D., then delivered the customary address, which was listened to with keen attention on the part of all present, and was interrupted by frequent applause as he outlined the future policy and work of the department. In the course of his address he touched upon the work accomplished by the department since the last annual conference, mentioning the investigation of summer resorts, and of the sanitary conditions of

a number of cities and watersheds. All of the public water supplies and sewage disposal plants in the state had been looked into and samples had been tested. Reference was made to the examinations of the eyes and ears of school children about to be conducted by the teachers in incorporated villages of the state. In the state hygienic laboratory examinations of meats, beers, wines and whiskies had also been conducted, which showed an improvement in the character of these food supplies. Attention was called to the tuberculosis exhibition, which it was announced would be loaned to various municipalities through the state at the conclusion of the conference.

Referring to the need for the education of sanitary officers, he stated that the department had under consideration special plans in this direction, but was not at present able to endorse the recommendation of the Medical Society of the State of New York, that all candidates for the position of health officer should be possessed of a special diploma in public health.

The address closed with an eloquent appeal to the health officers of the state, reminding them that they were pledged to public service, and giving as the motto of the conference: "Stay and fight it out."

Papers were also read by Dr. John H. Pryor, Dr. Edward Devine, Adna F. Weber, Ph.D., Theodore Horton and many others.

A report of the conference, however brief, would not be complete without mention of the fine exhibition which occupied one section of the Convention Hall. Here were to be found charts, maps, photographs and mottoes dealing with various phases of the anti-tuberculosis campaign problem. To the exhibition, all the principal institutions and organizations dealing with tuberculosis had contributed, so that there was a complete outline of what was being done for the tuberculosis in various parts of the state. The state hygienic laboratory also had an exhibit showing models of water filtration systems and sewage disposal plants, maps of the watersheds of New York City and other interesting illustrations of the various features of the work carried out by the different divisions of the State Department of Health.

Eclectic Medical Society of the City and County of New York.

The Eclectic Medical Society of the City and County of New York held its regular monthly meeting in the college lecture room, October 17, at 9 P. M., President Tyrrell in the chair and Secretary Lloyd recording. There was a fine attendance of members and visitors. The minutes of the previous meeting were read and approved. Dr. Tienken proposed the name of Dr. Mary Carr for membership, which was seconded by Dr. Boskowitz, and the application was referred to the board of censors. Dr. Boskowitz reported the death of Dr. Lillian Willis, and the secretary was instructed

to send a letter of sympathy and condolence to the family. On motion, Drs. Harris, McDermott and Boskowitz were appointed a committee to select a series of subjects for discussion at the succeeding regular meeting. Dr. Scaisson reported a case of diabetes in which he used the arsenauro and lycopus with much improvement. He also reported a case of gunshot wound of the skull where the bullet was left in and the case recovered. Dr. Boskowitz made some remarks on the subject of diabetes, stating in his conclusions that we really know very little about its pathology, but that we were very fortunate in having some remedies that were very helpful in its treatment. The doctor said that lately he had been using trypsogen in cases of anemia and diabetes with good results.

Dr. McDermott reported a case of a woman in whom all the viscera of the abdomen was prolapsed. She had been under previous medical treatment for a long time without relief. He used electricity over each organ and massaged the entire abdomen. He also used bandages and pads to support the kidneys and other organs with fine relief to the patient.

The report was followed by a general discussion. Dr. Hyde said that he had treated cases of gastropsois with compression, using bandages with great success. Dr. Herzog preferred the rest treatment in this class of cases. He also reported several cases of fistula aurachronica, stating that the cases were extremely rare.

Drs. Nillsson and Bernstien were appointed essayists for the next meeting.

Charles Lloyd, M.D., Secretary.

The New York Specific Medication Club.

The regular monthly meeting of the New York Specific Medication Club was held in the college auditorium, President Brandenburg presiding. A large number of members responded to the roll call.

The minutes of the previous meeting were approved as read. On motion the secretary was instructed to send a letter of condolence to the family of Dr. Lilian Willis, deceased, for many years a member of this club.

Dr. Boskowitz reported that resolutions had been drafted and sent to the family of Dr. Henry J. Birkenhauer, deceased.

Dr. M. B. MacDermott read an essay entitled "Iodine." The essay was discussed by Dr. Boskowitz, who has been unsuccessful with the remedy when applied externally on infiltrated glands. He agrees with the essayist in the value of weight applied to hasten absorption in adenitis. He has found small doses of iodine useful in incipient tuberculosis and in bronchorrhoea. In many instances the discharge is materially lessened.

He has found iodine useless in goitre and has abandoned its local

use in gynaecological practice. It is sometimes useful in ointment, in indolent ulcers.

He reported a case of gangrene resulting from the continued application to a finger of gauze saturated with tincture of iodine.

Codliver oil, he believes, owes much of its virtue to the iodine contained.

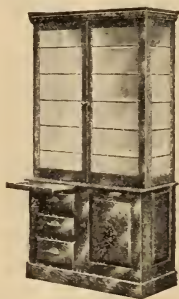
A unanimous vote of thanks was tendered Dr. McDermott for his essay.

DR. HARRIS, M.D., Secretary.

Selections

Office Equipment.

It is very gratifying to note that, not only is the physician making progress in the line of medicine and surgery, but also in the method of handling the business connected with his practice. The day was, when it was said that the physician was a poor business man, but this has changed. The physician of to-day is showing his progressiveness,



more especially in the fact that he takes such excellent care of his offices, and is learning rapidly the value of good equipment.

This is evidenced by the fact that such houses as W. D. Allison Company, Indianapolis, are continually introducing new lines to meet the growing and widening demands of the physician. By courtesy of this company we are privileged to show one of their new special patterns of cabinets that has just been introduced. We feel free in saying that W. D. Allison Company will take pleasure in sending catalogue and descriptive literature to anyone requesting it, and we recommend to our readers that they make this request at once.

Physicians and the Pure Food and Drugs Act.

A most excellent article by Prof. John Uri Lloyd, published in the Eclectic Medical Gleaner, upon the scope of the Pure Food and Drugs Act, calls attention to the fact that physicians are interested and more or less directly affected by this act.

It is the duty of pharmacists who dispense for interstate business to see that preparations which comply with the law are employed, and to obey the law relating to the labelling of their newly made packages.

A very large number of states have provided laws quite in accordance with the Federal law, in making it imperative that every item be purchased in an original unbroken package. That in the case of drugs, the label shall bear the actual assay, with the assay figures printed on the label in the location and in the size of type demanded by the law.

No dispenser knows when he will be required to prepare a preparation to be labeled for interstate commerce, and the law applies particularly to alkaloids, alkaloidal preparations, alcoholic preparations and substances named in Regulation 28.

Physicians and pharmacists should take no broken packages of the drugs named in the law. Indeed, it is best to secure original packages of everything possible. An unbroken package or a strip label carries no manufacturer's responsibility.

Prof. Lloyd advises all to order original packages of drugs, and if not in stock order that the same substance in the next nearest size original package be sent.

Prof. Lloyd also calls attention to the fact that the law prohibits all forms of imitation and counterfeit; that the law seems to apply particularly to imitations of established brands, as well as substances designed to replace genuine drugs and chemicals. The sale of these is forbidden under the law.

Prof. Lloyd also calls attention to the fact that the careless corking of alcoholics or evanescent substances will soon change their assay percentages. Alterable alkaloids, and many organic products will change by air contact. Dispensers will be required to prove the integrity of their mixtures, and unquestionably preserve them, if a manufacturer assumes the risk of the retailer's penalties. The manufacturer's guarantee concerns the unbroken package used in interstate business, and the government does not consider an opened package a manufacturer's responsibility.

Prof. Lloyd advises the keeping of all articles in bottles securely corked by means of new corks. On opening a bottle if the cork is spoiled, throw away the fragment and refit with a good, new cork. Then see that the cork is tightly replaced each time a part of the material is removed. He suggests that it is better to stock four one-quarter pound vials than a single pint bottle of any substance, unless it be very stable or used quickly.

Every prescribing physician in America deals more or less in the articles mentioned in Regulation 28. Whoever transports across a state line an original bottle of the restricted alkaloids, or alkaloidal drugs, the coal tar products, or their derivatives, chloroform or alcoholic preparations, is employing the articles regulated by the government, and must see that they are properly labeled. It is therefore the duty of every physician to know just what to do, and it is his privilege as a good citizen to conform to the law.

Attention is called to an authoritative ruling made by the department, as follows :

"If a package compounded according to a physician's prescription be shipped, sent, or transported from any state or territory or the District of Columbia to any other state or territory or the District of Columbia by a compounder, druggist, physician, or their agents, by mail, express, freight, or otherwise, the label upon such package is required to bear the information called for by Congress."

Every filled prescription or mixture sold, if mailed, expressed, or shipped across a state line by common carrier, must have the amount of each ingredient named in Article 28, plainly stated upon the label, if any such be a constituent.

Many states have already adopted laws based on the government act; many others are preparing to do so, and as each state does this, the state law applies to adulterated, misbranded, or sophisticated drugs inside that state, as well as to the territories and interstate commerce.

Whilst manufacturers are required to print in large type, eight point caps, the names of the ingredients enumerated in the act, practicing physicians are allowed to write these amounts on their labels with pen and ink, or a typewriter, provided that such written matter is distinctly legible, and on the principal label, as prescribed by the regulation.

Family or office practice inside a state is not affected. Physicians can fill prescriptions as usual, from old or new stocks of medicines, if they do a legitimate family or office practice inside a state, providing no state law interferes or otherwise regulates the method of prescribing or the medicines prescribed.

Practicing physicians may freely carry their medicines in pocket cases, saddle bags, or in properly labeled original packages, across state lines, or throughout territories or in the District of Columbia, and prescribe from them to their patients without labeling them as concerns their contents. They may also deliver prescriptions or mixtures to patients who must needs carry them across state lines, if the medicine be not sold as a drug. In other words, bedside and office practice not connected with the sale of medicine is not affected. But it must always be borne in mind that all medicines or prescriptions or mixtures if sold and shipped across the state line must comply with the law.

Physicians are cautioned by Prof. Lloyd not to purchase prohibited preparations that do not bear a label with the assay figures printed properly on the bottle, carton or box. If in interstate practice, physicians should exercise care in regard to purchases; to keep volatile preparations well corked; be careful to dispense only to patients or for patients, without making a charge for the medicine; if they sell medicines as drugs, or charge for a re-filled prescription, they come under the law's restriction and must obey it or meet the penalties.

Physicians can write legitimate prescriptions regardless, and mail the written prescriptions to be filled anywhere in the United States. This is not selling a drug.

In addition to Prof. Lloyd's suggestions, we may add that the preparations of Johnson & Johnson, and other legitimate manufacturers, will be found to be correctly labeled and bearing a guarantee to the effect that they comply with the law.

Physicians therefore have only to demand for themselves, or for their patients, such preparations in original packages, bearing labels and guarantees showing that they comply with the Federal act.—Red Cross Notes.

Items

The incinerator has been installed on the top floor, and the hood installed in the laboratory; an invitation is extended to graduates and friends to come and visit and inspect the college, they will be delighted with the additions and improvements.

The additions and improvements to the college have been made possible by generous donations from Drs. Harris, Heeve, Hyde, Krausi, Pomroy, Pearlstien, Reinle, Schaefer and Skou.

The trustees of the Memorial Hospital Training School for Nurses have requested Dr. M. B. Pearlstien, of 309 Hewes Street, Brooklyn, to deliver a course of lectures on abdominal surgery to their senior class during the month of January, 1908.

As a gargle in sore throat or elongation of the uvula, Kennedy's dark pinus canadensis has very general endorsement, the usual proportion being teaspoonful to glass of water.

We had a very pleasant visit from Dr. Frank Webb, of Bridgeport, Conn. He made a very thorough inspection of the school and its equipment.

Dr. James Bernstien was recently elected a member of the Rice Chess Club of New York.

Dr. C. L. Wakeman, of Andes, N. Y., writes that there is one of the best places open for a wide-awake young Eclectic doctor that can be found in the country at East Branch, N. Y. Write Dr. Wakeman for particulars.

Prof. J. Thornton Sibley delivered his first lecture under the auspices of the department of education of the City of New York on the evening of October 24. Subject, "Popular Gems of American Poetry."

On the evening of October 24th the Beachonian Society (students' society) held an open meeting and reception at the college hall. Many of the new students were initiated and all enjoyed a very pleasant evening.

Wonder if our sophomore was elected justice of the Municipal Court of the fourth district!

Dr. J. Luepke has opened offices at 105 Bergen Street, Brooklyn.

Remember that the dripping of the urine in adult life usually denotes the overflow of a distended bladder, possibly occasioned by muscular relaxation of bladder or the commencement of hypertrophy of the prostate. Sanmetto is the indicated remedy.

Notice the return of old friends to advertising pages.

New York Skin and Cancer Hospital, Second Avenue, corner 19th Street. The governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley will give a ninth series of clinical lectures on diseases of the skin in the out-patient hall of the hospital on Wednesday afternoons from November 6 to December 18, 1907, at 4.15 o'clock. The course will be free to the medical profession. William C. Witter, Chairman of executive committee.

Every one should read Prof. Willis G. Tucker's address: "Educational Democracy." Write Albany Medical Annals for copy of the November number.

Dr. M. Scimeca addressed the mothers meeting at public school No. 21 on the afternoon of November 1. His subject was the hygienic care and feeding of infants.

Married—on September 26, Dr. Nannie M. Sloan and Dr. W. S. Glenn. They are now located at State College, Pa.

The minutes of the 27th annual session of the Arkansas Eclectic Medical Association, held at Little Rock, Ark., on May 8, 9 and 10, 1907, is an interesting booklet of about 45 pages, containing minutes and essays.

The forty-seventh annual publication of the Massachusetts Eclectic Medical Society for the year ending June 7, 1907, contains the abstract of the proceedings of the Massachusetts Eclectic Medical Society of the executive committee and board of councillors of the same, together with an interesting address by D. P. Borden, M.D., of Paterson, N. J.

Read the advertisements. Patronize the advertisers. In writing, mention the Review.

We need the catalogues of 1872 and 1873. We will gladly give a year's subscription to the Review in exchange for these.

Prepare your papers for the state society now. Don't wait until April 1 or you will be fooled.

Many important book reviews have been crowded from this number.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. X.

NEW YORK, DECEMBER 15, 1907.

No. 12.

The Review.

Volume X. closes with this number, and we hope that the readers and advertisers are pleased with the work accomplished. We have carried out our promise to the Review family by giving them practical articles by the best men in our school, with occasional selections, book reviews, newsy items, society and personal gossip. This same policy will be continued during 1908. Original articles, short, practical, dealing particularly with the class of cases that occur in every day practice will continue a prominent feature. The department of Therapeutics will be continued. This has made us many, many friends, and has always been a special feature of the Review; helpful, practical. We feel that we deserve substantial support from every Eclectic in the country; so we ask you to turn to the advertising pages, where you will find a subscription blank. Fill it out and send it with your dollar to 140 West Seventy-first Street. Do it now.

When Should a Dead Foetus Be Delivered?

During a discussion of the above question at a recent meeting of the Illinois Eclectic Medical Society some valuable suggestions were made, and a forcible argument in favor of conservative action presented. It was thought that the wiser course was non-interference with nature's efforts at removal, unless the mother presented some indications of absorption, and that such septic poisoning was not likely to take place as long as the liquor amnii was intact within the uterus. If, however, there had been an attempted abortion, delivery should be accomplished as soon as possible, for a septic condition might result from the means employed.

The question of whether a foetus is dead in utero—as was stated—is not an easy one to determine. In fact, there are no signs by which we can be absolutely certain that a foetus is dead in utero. We can form a fairly good opinion, but an opinion is quite different from an absolute fact. The loss of motion is not an invariable sign of death of a foetus. Our only safe and reliable guide in such cases

is the condition of the mother, and we are not justified in interfering with the product of conception until the woman presents either symptoms of approaching labor or absorption. Some of the greatest authorities in America, England and Germany tell us not to interfere with the uterus until we know that the foetus is causing some symptoms of poisoning, and these will be manifested by a rise in temperature and by symptoms of absorption. Whenever this condition is found to exist we should interfere and empty the uterus as soon as possible under the strictest antiseptic precautions.

Several interesting cases were cited as an evidence of the safety of allowing the uterus to retain a dead foetus for many months. In one case the woman had her last menstruation day on July 7, and in four and a half months from that date she felt foetal life. She had no further signs of pregnancy. Nothing could be told by abdominal measurement and progressive enlargement, and the patient continued in excellent health. Thirteen months and three days following the time her menses ceased she was delivered of a foetus apparently about five months in development. There was no putrefaction of the child, and there never had been any rise in temperature and never any reason for interfering. The woman had carried a dead foetus in her uterus for eight months without harm or inconvenience.

J. W. F.

Original Articles

Gelsemium Sempervirens.

BY ELI G. JONES, M.D.

In Jones & Scudder's *Materia Medica* the author says, speaking of gelsemium: "An infusion of the roots was in use for many years as a vermifuge, but it is only within the last fifteen years that it was brought into use as a sedative and febrifuge agent." As the above work was published in 1858, fifteen years previous would carry the date back to 1843, which is the earliest period that we have of the yellow jasmine being used as a febrifuge. In Massie's "*Eclectic Southern Practice*," published in 1852, the author says: "Some quack doctor has prepared a patent medicine composed of gelsemium and oil wintergreen to disguise the taste of it, and called it 'Electrical Febrifuge.'" The same author gives an extract from *Eclectic Journal of Cincinnati* of December, 1852, giving a full description of the yellow jasmine and its medical properties. From the above it would seem that the remedy has been in constant use by the Eclectic school of medicine for sixty-four years, and that the honor of discovery of its medical properties belongs to that school of medicine. Dr. Hale in his "*New Remedies*," published in 1867, says: "Dr. B. L. Hill, then professor of surgery in the Cleveland Homeopathic College, was in 1856 the first homeopathist to use and recommend it (gelsemium). His previous connection with the

Eclectic school as professor of surgery in the Cincinnati Eclectic School, probably led to its use by him." So much for its history. Now as to its medical properties. Prof. John M. Scudder says this remedy is indicated in "Flushed face, unnaturally bright eyes and contracted pupils." If we stop here we will lose sight of the most valuable indications for the remedy. I will give the indications for this remedy as I have found them in my practice. It is a useful remedy in headache when there is a dull, heavy pain extending to the nape of the neck, throbbing in the temples, vertigo, in nervous headache, where the pain begins in the back of the neck and thence spreads over the whole head.

In 1878 Dr. Scudder wrote about gelsemium in the treatment of neuralgia. "I have not found a nervous pain which the latter would not relieve, and generally permanently cure." I have used this remedy more frequently in the treatment of neuralgia than any other remedy. It is indicated when there is a succession of acute, sudden, darting pains running along the nerve branches. I give it in doses of twenty drops of the tincture once in two hours. In caries of the teeth it is the remedy when there are pains in the jaw and face; 5 drops of the tincture once an hour. In spasmodic asthma I have never failed to relieve the symptoms with 8 drops of the tincture once in fifteen minutes. In dysmenorrhea of the inflammatory form with spasmodic pains the tincture gelsemium given 8 drops once in fifteen minutes has never failed to give relief to patients in my practice. Though no author has given this remedy as an antiseptic, yet it surely is one, for I have many times seen a coated tongue clean off under its use. In measles it is more often indicated than any other remedy, when there is chilliness, watery discharge from the nose, hoarseness with soreness in the throat and chest; in dysentery with tenesmus and blood discharge from the bowels it is especially indicated. In inflammation of the rectum it is the remedy always to be given in alternation with collinsonia. In stricture of the urethra when you can't pass an instrument inject a dram of the tincture into the urethra and hold it there. In half an hour you can pass the instrument without difficulty. In idiopathic tetanus there is no other remedy equal to it, 20 drops of the tincture in a glass of water, a teaspoonful once in half an hour until the spasms are under control. In labor, when there is a rigid os uteri, it is a remedy that can be depended upon every time, for after-pains combined with macrotys 20 drops of each in a cupful of water, teaspoonful once in half an hour will always give relief. The above two remedies in the same combination cannot be excelled in acute rheumatism with wandering pains. Many times I have prescribed them in this way in my family practice and always with good results. I have used the same combination in sudden colds in women, causing suppression of the lochia and also in inflammation of the uterus. In myalgia no better remedy can be

found than 20 drops of this tincture once in two hours. In "hour-glass contractions" in obstetrics I have never seen it fail. In seminal emissions from excessive irritability of organs it is especially indicated and the best way to give it is in one half-grain doses of the gelsemium (Con.) at bedtime. Many years ago I used the tincture gelsemium green root in gonorrhea, 20 drops once in two hours, while I cured some cases with this remedy, yet I found I got better results by combining the remedy with the following:

R Tincture gelsemium	ʒi
Tincture cannabis sativa	ʒss
Spirits nitre dulce	ʒi
Aqua, q. s.	ʒviii

Mix. Sig. Teaspoonful once an hour. The above prescription has provided the best remedy for this condition, and in my practice I have prescribed it in hundreds of cases. In infantile remittent fever I like the gelsemium the best of any remedy I have ever used. In persons of a nervous temperament we sometimes get nervous chills; often at the beginning of labor in obstetrics, in hysterical patients, the above remedy is especially indicated in such cases. In cerebro-spinal meningitis, the disease is ushered in by a severe chill, with congestion of the spine and brain, dilation of the pupils. In such a condition gelsemium is the remedy. In spasmodic bronchitis of patients past the middle age I have used it combined with ipecac, 20 drops of each tincture in goblet of water, teaspoonful once an hour. A few drops of the tincture dropped in the ears will soften the wax and often stop ringing in the ears. In catarrh of the bladder, for those sharp, cutting pains, I have often depended upon gelsemium in 20-drop doses of the tincture once in two hours. The best preparation of this remedy is a saturated tincture of the green root. Many physicians have been disappointed in its effects by using a poor preparation.

New Brunswick, N. J.

Change Tactics.

BY F. J. PETERSEN, M.D.

Closer organization is of the utmost importance to strengthen our school of medicine. To obtain the desired results good hard continuous work is necessary; in other words, keep hammering away.

Intermittent outbursts of enthusiasm, only to again fall asleep, will not do in these times.

There is danger to the medical profession as well as the people at large when it comes to one school of medicine, in fact, only a small portion of that school, to dictate to the great majority of the medical profession of all schools and a liberty loving people, forcing on them their own, in many cases, selfish ideas.

How can a medical trust be avoided? By closer organization,

hard work and closer affiliation with the homeopath in the matter. However, this alone will not do.

The people at large must be thoroughly educated on the subject, and this can only be accomplished through the public press.

The people should be educated to the fact that in medical schools there should be equal rights to all and special favors to none.

This would mean that in all state universities, state institutions, as well as national, all the three great medical schools, the Regular Eclectic, Regular Homoeopathic and Regular Allopathic, should be represented equally. Materia medica and therapeutics of each of these schools should be taught thoroughly.

Then and only then will medical nihilism disappear and with a broader knowledge of medicine there will be less antagonism and more lives saved.

There should be no discrimination in the various states. Any physician who is allowed to practice in one state should be entitled to practice in any other state in the United States. However, if they insist on state boards there should be equal representation of the three schools of medicine.

The true system of healing, that is, scientific drug medication, is so neglected by the allopathic school that they from ignorance of the therapeutic action of drugs go wild on fads that come and go, and often operate where scientific treatment would be much more desirable and safer.

When any school of medicine becomes so bold as to ignore the value of scientific drug treatment of other schools and by political force or under the pretense of good fellowship attempt to force their ideas onto others, and thus threaten the liberty of other medical schools as well as the liberty of the people at large, it is about time for the people to call a halt by proper legislation.

The public press should take up the subject. The people should be educated upon the matter, and if so they will understand why there must be equal rights to all and special favors to none. They will understand that equal representation is a necessity. Our national and state societies as well as physicians of our school in general should take up this matter through the public press.

Our homoeopathic friends may be with us and perhaps a small part of the liberal element of the allopaths.

This work is for no selfish purpose, but for equal rights and representation for all and special favors to none. Can any broad-minded, liberty-loving American object to this?

When the people know that in a free country no religious creed can dictate, they should also see that no one medical school should dictate, but that there should be equal rights for all and special favors to none.

If the people understand the situation they can and will use their best influence in having laws passed which will give equal

representation of all schools of medicine, the Regular Eclectic, Regular Homoeopathic and Regular Allopathic.

Lompoc, Cal.

Massage.

BY H. P. WHITFORD, M.D.

For many years have I thought and felt the necessity for some one to take up and unravel this subject. There are so many things being promulgated through press and journal almost daily represented to relieve, or cure, all the ailments that cause human suffering, which a little thought and study would soon relegate to the "dismal depths of oblivion," that one is often surprised at their lingering around as they do. The average speed of human circulation is about 70 beats per minute. There is not a thousandth part of an inch in a whole human body that the blood has not some very potent business to attend to. If the circulation is much increased or diminished from the above rate something is soon going to happen. If the circulation is much increased febrile phenomena soon appear. If it is much diminished the powers or functions of life soon begin to fail, as full repair or elimination cannot go on. If one drops his hat upon a slowly moving stream by a little effort he would easily recover it. But if dropped upon a stream lightning fast it would probably pass on down the stream to the ocean. The veins after leaving the arteries, so to speak, gather up all the debris of the system, i. e., all the worn out cells of blood, nerves, muscles, bones, cellular tissue and secretions and pass them along to the various excretories of the body for elimination. These materials being in a warm, moist "menstruum" if delayed in their progress out of the body soon begin to putrefy, and thus become irritable to heart and body, causing fever and all the phenomena of blood poisoning. Take an arm, for instance, place the hand upon it, and pressing gently or deeply move it down toward the hand; if moved quite rapidly the current of blood in the veins is forcibly obstructed, pushed back among the advancing current, intermingling with the material already filling the vein with filth, causing more or less decomposition and "recomposition," and at the same time increasing the flow of blood in the arteries, thus not giving time for the proper delivery of the new cells designed to replace those already useless. A process of this kind kept up as it is for a half hour to an hour cannot but be disastrous. In some cases, where, owing to their proximity, I had the privilege of stepping in occasionally and could observe the steady downward tendency of all the functions, it did seem strange that the operator could not perceive the "trend of affairs." Oh, well, some one will exclaim, such and such a one got better or well. Even so, but how many people dosed with harsh, function-destroying medicine get better or well in spite of disease and medicine both? How common is it

for the average physician when called to a patient to proceed—no matter what the trouble is—to purge the bowels? It is certainly an almost universal custom. What is the consequence? The food that should be fourteen or more hours in passing through the intestines, that its digestion may be perfected, and its first preparation of secretions elaborated, with all the secretions already formed and used, is forced out of bowels in four to six hours by the cathartic. In numerous cases of autopsy that I have had the opportunity of examining, even in two to three weeks from commencing sickness, have I found less than a tablespoonful of everything in the bowels. In some, the mucous surfaces were already taking on the first processes of ulceration. The millions of infinitesimal little glands that should be at work every minute for the benefit of the individual were paralyzed by the irritation and inflammation and were useless. The idea of giving physic for any purpose short of obstruction seems too preposterous for anything. Why not seek out the remedy having or possessing an affinity for the part afflicted? If one has a cramp in the leg, is it necessary to give a dose of physic for it?

Bridgewater, N. Y.

Medical Treatment for the Expulsion of Biliary Calculi.

BY FRANK WEBB, M.D.

So much has been written on the surgical side of the gall stone question that I have taken it upon myself to write this article on the other, or medical side.

There is no physician of any great experience but has been called to the bedside of a patient suffering from an acute attack of gall stones. Many times have I seen my own mother in the most acute agony, and at times it seemed as if near death's door, but after suffering for seven years she got rid of them, thanks to an Eclectic physician by the name of Dr. Shattuck.

Now the basis of my treatment is due to a most wonderful man—a man who is totally deaf, a man who is an Eclectic to the core, who lost the drums of both ears in the service of his country in the War of the Rebellion. This wonderful, and in some ways unique, man conducts a large and very successful practice by the aid of writing and the use of signs. I have known him to help cases of heart trouble that no one else could do anything with. His name is Dr. Williams, of Bristol, Conn.

Now as to the treatment: I use gtt. v, each of the tr. opii deod. and Lloyd's sp. med. lobelia every twenty minutes for an acute attack. I know that some will say: "How long can you keep this up without it acting as an emetic?" I do not know, but I have used it for six or seven successive doses with only slight nauseating effect, and in no case that I know of has it acted as an emetic. I have been called to cases that have been under consideration (as I cannot call the hypodermic use of morphine treatment), and after

the administration of a few doses, the patient would feel relieved, or to use his own words, he felt something give way, so great was his relief.

Now, so as not to make this article too long, I will cite but two cases:

Case One.—Mrs. B, a stout woman of middle age, came to my office on a Saturday afternoon, and told me she had been a sufferer for years from gall stones. I examined her carefully, and diagnosed her case as one of a pronounced case of gall stones. I gave her one dram of the remedy, also a prescription for *chionanthus* and *dioscorea*, aa. 1 oz., and aqua 2 oz., a teaspoonful every three hours, after she had passed the stones. I should add that I ordered a cathartic to be taken after she had taken five doses. On the following Wednesday, I called at her house, and she showed me twelve good sized perfectly whole stones and one very large one that was broken. All the medication she had had before from her old school doctor was calomel for her liver, and at the time of the attack a hypodermic of morphine. I then gave her a preparation of Luytie's called succine, in five-grain capsules, four times a day, and she has never been troubled with them since.

Case Two.—Mr. C, a man in his fifties, who had suffered for years, and had made up his mind to undergo an operation, sent for me, and I went to his house on Saturday at 1.30 P. M. The following Tuesday night when I called again, I was presented with a small vial containing sixty-nine gall stones, and I now have them in my possession. I should state that he passed seventy-five in all. In this case, after I had removed the stones, I put the patient on *chionanthus* 1 oz., *berberis vulg.* $\frac{1}{2}$ oz. and water $2\frac{1}{2}$ oz.; also one dozen five-grain succine capsules. Afterward I put him on *chelidonium* 10 drops, four times a day, and *sodii succinate* five-grain capsules, four times a day.

In summing up I will say that as far as I can tell, the action of the lobelia seems to be aided by the tr. opium, and it relaxes the muscles; at the same time the gall stones act as an irritant to the muscular coat of the gall bladder, which causes a contraction that expels the stones.

In brief, the remedies for the expulsion of the stones are five drops of Lloyd's sp. med. lobelia, and five drops of tr. opii deod., every twenty minutes for five or six doses, followed by a cathartic. Instruct the patient to watch for the stones. To restore the liver to its normal condition, and prevent the formation of any more stones, we have *chelidonium*, *chionanthus*, *podophyllum*, *leptandrin*, *ceanothus* and other Eclectic drugs.

To homoeopathy, we are indebted for succine, and I would say that the Eclectic school is neglecting a splendid remedy in *berberis vulgaris*. The keynote for its use is deep pain or soreness. If given

in from fifteen to thirty drops of a homoeopathic tincture, it will work wonders.

To the old school we are indebted for succinate of soda, as a solvent of cholesterin.

This is no new theory with me. I have been working at it for seven years, and in that time I have had only two positive failures out of a number of cases.

Bridgeport, Conn.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The Second Row in My Medicine Case.

NO. XII. VERATRUM VIRIDE.

Veratrum viride is commonly known as American hellebore. It is among our most useful and most frequently employed remedial agents. In some respects its action is very similar to that of aconite. In large and medium doses, however, it markedly differs from the latter drug, as it is more apt to cause nausea and is a more powerful depressant to the circulation, but it depresses the respiration less than aconite. It also possesses feebler diuretic and diaphoretic properties than aconite. It is rapidly absorbed, and eliminated chiefly by the bowels. The symptoms of poisoning by veratrum are almost identical with those caused by aconite, except that the former drug may cause less anesthesia, and the treatment is the same as that prescribed for aconite poisoning.

Veratrum is often a much needed remedy in spasmodic and convulsive diseases, pneumonia, erysipelas, rheumatism, and in the eruptive and malarial fevers. The leading specific indication—the full and bounding pulse—for its exhibition is so plain and simple that it cannot be mistaken. Whenever called for by this characteristic pulse veratrum acts with a wonderful degree of certainty, and can always be relied upon as a means of calming an excited action of the heart, lessening the frequency of the pulse, controlling the temperature and subduing the fever. When indicated by the full and bounding pulse it is the ideal sedative in inflammation of the respiratory organs or of the serous tissues. In pneumonia, pleurisy and peritonitis it is many times a most useful remedial agent, and it is also frequently needed in erysipelas and many other inflammatory conditions. In fact, it is indicated in all forms of disease, regardless of the name or location, when there is a quick, full and bounding pulse. In the early stage of typhoid fever, while the pulse is strong and full, veratrum will do much toward staying the inflammatory process and checking the force of these dangerous

lesions. It is not a specific for any disease, but it possesses specific therapeutic properties in which great confidence can be placed whenever called for by a full and bounding pulse.

In febrile diseases the first noticeable effect of small doses of this medicament is a softening of the pulse, then the skin becomes soft and the pulse becomes less frequent and regular. When employed in the large doses necessary in puerperal convulsions the pulse at first sinks considerably, but as soon as vomiting occurs it comes back to the normal standard. I have used the drug for the third of a century in eclampsia and believe it to be our most efficient remedy in this alarming condition. In this affection ten to fifteen drops of the specific medicine (or a good fluid extract) hypodermatically administered constitutes an approved initial dose. In some cases it may be necessary to repeat this large dose, but five drops, repeated as the severity of the case requires, will usually control convulsions after a single dose of ten or fifteen drops has been employed, and keep the pulse down to sixty per minute. A single dose of ten drops is more effective than several doses of five drops each. The necessary dose may be repeated every hour, or more frequently if the case demands it.

In intermittent and remittent fevers the specific indication is often met with. It is also to be seen in many cases of rheumatic fever, and under such circumstances it is our best antirheumatic, and will not only break the fever, but it will also arrest the excessive symptomatic sweats which arise from capillary congestion.

The following are among the approved specific indications for veratrum: Full and frequent pulse; pulse full, strong and intense, the carotids pulsating forcibly, with cough, headache and weight in the epigastrium; full pulse with such rapid action of the heart that sleep is prevented; convulsive conditions when the pulse is full and indicates great vascular excitement; sthenic fevers and inflammations.

The dose of specific veratrum (or a good fluid extract), when a forcible effect of the drug is desired, is from two to three drops. In convulsions the dose may be increased to fifteen drops. Usually the best results are obtained by prescribing the remedy as follows:
 R Specific veratrum, gtt. x to xx; water, ℥iv; teaspoonful every hour.

Tela Araneae.

This remedy is prepared from the web of a medicinal species of spider known as *Tegenaria Medicinalis*. These spiders weave a large, angular and nearly horizontal web.

In many abnormal conditions tela constitutes a medicament of value. In dry, nervous cough it is an efficient remedy, and in hysteria it is an agent of great merit. In intermittent and remittent fevers it is used with much advantage, and in functional diseases

of the heart it constitutes a stimulant of corrective power. It also relieves muscular spasm and promotes sleep.

In speaking of tela as a remedy in wrongs characterized by chilly sensations, Dr. J. A. Munk, of Los Angeles, Cal., says:

"Many people who come to California are in poor health and are sensitive to cold. They are anemic and weak and complain of feeling chilly. Being in a run down condition, they feel uncomfortable and suffer from cold particularly if living in a passive state of inaction. A little fire in the stove or grate removes the chilly feeling for the time being; or a stimulant will produce a like beneficial result, only that the effect is temporary and the remedy must be repeated. But exercise is the best stimulant, and if the patient is able to take a brisk walk or do some light manual labor every day in the open air, the good effect of such exercise is apparent at once by an increased feeling of warmth over the entire body. Cases, however, occur sometimes where the feeling of a strange chilliness persists and is not easily overcome, that may be an effect of the climate. Although the weather is never extremely cold, yet it is impossible for such a person to keep warm; and to put on extra clothing only seems to intensify the cold sensation.

"Some time ago I read an article in one of our medical journals by Dr. H. T. Webster on *Tela Araneae*. I was impressed by the paper as it suggested a remedy for the unnatural chilly feeling just mentioned. I prescribed the remedy at the first opportunity and found its effects satisfactory. I prescribe it frequently and always with good results. The indication for its use is a persistent feeling of cold that is usually accompanied by weakness and often by nervousness. I add one dram of Lloyd's specific tincture of tela to a half tumbler of water and of this mixture give a teaspoonful every two hours.

"Previous to reading Dr. Webster's article I had never used tela, although I remember hearing spider web mentioned as a tonic in fever and ague in college days. Its effect seems to be exerted directly upon the vasomotor nerves, as it noticeably improves the circulation and overcomes chilliness and nervous depression.

"The action of tela is not as rapid upon the circulation as some other remedies, but its effect is more permanent. If an immediate decided action is necessary it can be accompanied or preceded by atropine or glonoin in such doses as the case seems to require to produce the desired effect.

"Tela is almost neutral in color and taste, which is an advantage in the administration of any drug. The disgust that is created in a patient by the repulsive appearance or unpleasant flavor of a medicine often nullifies its good effect. As between two indicated remedies I always choose the most palatable and find an advantage gained by so doing. Such a choice may seem to be a trifle, but it is, as a rule, appreciated and has its reward, as every patient prefers pleasant to nasty medicines."

The following are among the most frequently seen specific indications for tela: A persistent feeling of cold or chilly sensations; marked periodical diseases in hectic, broken-down people; diseases that come on suddenly with cool, clammy skin and perspiration and cool extremities; numbness of the extremities when sitting still or lying down; excessive nocturnal orgasm in either sex.

The best results are obtained from tela by prescribing it as follows: \mathcal{R} Tela Araneae, gtt. v to \mathfrak{z} i; water, \mathfrak{z} iv; teaspoonful every one or two hours. When a more forcible effect is desired, five to ten drops of the specific medicine may be given in a little water every two to four hours.

Vesicaria Communis.

This agent is commonly known as bladder plant. It has a specific action on the mucous tissues of the urinary organs, and is, therefore, a useful remedy in all pathologic conditions of these tissues. In a paper read before the Massachusetts Eclectic Medical Society Dr. C. Edwin Miles presents some valuable facts concerning the therapeutic action of the drug. In part the doctor says:

"My attention was first called to this drug in a paper by Dr. George E. Shafer. He says that this plant is much used by the laity in Germany for all forms of urinary diseases. In his uses of the remedy he had found its most important indications to be in smarting, burning sensations in the urethral tract, in the bladder, and with frequent desire to void the urine, accompanied by strangury. Cases were cited, with his method of administering the remedy, and the results obtained which indicated the therapeutic value of the drug.

"In 1901 two cases of chronic cystitis, which had been treated for three months by skilled physicians without benefit, chanced to come under my care. The disease in both cases progressed in severity despite my efforts to give relief.

"I then sought to obtain the tincture of vesicaria communis without avail, it being unknown to the prominent druggists in Boston. On corresponding with Dr. Shafer, he informed me he had originally procured his tincture from Germany, but at that time, 1901, he was obtaining it from Luyties' homeopathic pharmacy, they having procured the tincture from the German plant through their German pharmacy, and it was giving satisfactory results.

"I procured the tincture as suggested by Dr. Shafer and promptly commenced treatment with the remedy to the above-mentioned patients. In two weeks both patients were markedly improved. And after six weeks' treatment the younger, a male, age forty-five years, had fully recovered, and the elder, also a male, age fifty-five years, was well.

"It is intimated the plant has been found in this country producing a tincture as efficient as that imported from Germany. If

this be true, those furnishing it to the drug trade are very reticent in communicating its habitat.

"After much painstaking, B. O. & G. C. Wilson and Otis Clapp, both in Boston, are furnishing a reliable tincture for my dispensing.

"I will now endeavor by a résumé of the following cases, clinically observed and treated with the tincture of vesicaria communis, to illustrate its therapeutic action in diseases of the urinary organs.

"Case I. Active, intelligent boy, age five years, in normal condition except since his third year had continued to suffer with nocturnal enuresis. Many drugs and judicious care had failed to give any relief for the difficulty. Prescribed x gtts. at 4 P. M. and xv gtts. on retiring. Relieved in one week. Cured in four weeks.

"Case II. Bookkeeper, male, age twenty-two years. Had to stand at desk during the day's work. Had so continued for more than two years. I, with others, had failed to relieve the difficulty. Prescribed tincture vesicaria, xv gtts., every two hours. Benefited in three days. Cured in four weeks. An occasional remission promptly relieved as before.

"Case III. Madame C., aged fifty-five years, widow, scalding urine, tenesmus, often mucous discharge. Commenced at beginning of menopause. Had been much treated by many physicians with but little relief. Gave by the weekly vaginal douche, water, 2 quarts; Lloyd's fluid hydrastis, $\bar{5}$ i; also tincture vesicaria, xx gtts. every two hours for two weeks. Improved. Douches continued; tincture vesicaria, gtts. xx every three hours. Two months, cured.

"Case IV. G. F., male, age fifty years. Conductor on steam railroad. Chronic cystitis; continued two years. Always scalding urine, tenesmus, mucous discharge. Douched bladder with water, 3 quarts; fluid extract hydrastis canadensis, $\bar{5}$ i; tincture vesicaria, gtts. xx; every two hours for two weeks. Repeated douche; drank freely of Poland Spring water; continued vesicaria for three months. Recovered.

"Case V. F. B., male, age twenty-eight years. Took cold wading in water when fishing during summer vacation. After suffering for three days returned to city with all symptoms of acute cystitis in an aggravated degree. Ordered prolonged hot bath, tincture vesicaria, gtts. xx, every hour; repeated bath in twelve hours; continued vesicaria; in twelve hours repeated hot bath; continued vesicaria. Fully recovered in forty-eight hours.

"Case VI. S. M., robust male, age twenty-two years. Untreated gonorrheal cystitis, fifteen days' duration, scalding urine, tenesmus, free discharge. Prescribed tincture vesicaria, gtts. xv, every hour; injection Lloyd's fluid hydrastis, gtts. xxx, aqua $\bar{5}$ iv, every six hours. Continued treatment three days. Relieved. Con-

tinued tincture vesicaria, gtts. xx, every two hours for eight days. Cured."

The following are among the indications most commonly seen in cases calling for vesicaria: Acute and chronic cystitis, with or without a muco-purulent discharge; acute nephritis, with frequent desire to urinate, or a scalding sensation; frequent and difficult voiding of urine; dribbling of urine in elderly persons; nocturnal enuresis.

The dose of the tincture of vesicaria is from 5 to 20 drops every two hours.

Treatment of Bronchitis.

In a timely article published in the *American Medical Journal*, Dr. E. A. Mendell well presents some valuable indications for a number of remedies which are frequently needed in the treatment of capillary bronchitis. In substance the doctor says:

"Capillary bronchitis is not often seen in the initial stage, hence the time for the administration of aconite, ferrum phosphoricum, veratrum and remedies of their type is usually past before the physician is called in. If, however, the case be seen early, aconite may be able to abort or materially relieve the course of the disease. It is applicable when the illness arises from taking cold upon sudden checking of perspiration, followed by chilly sensations, high fever, hot, dry skin, thirst and restlessness. The cough is dry and titillating, increased by respiration, worse morning and evening, during sleep, and attended by painful sensitiveness of the chest. The characteristic restlessness of the disease with high fever is the symptom that will indicate aconite as the remedy.

"Ferrum phosphoricum is more likely to be needed in the capillary bronchitis of young children than aconite. The cough is sharp, short, spasmodic and painful. It occurs in paroxysms, the face is congested, but the fever is not as intense as with the aconite, nor is there the degree of restlessness that goes with it.

"Specific belladonna will be useful if the case assumes a congestive type from the start, with surface cyanosis, paleness of the lips and finger nails, with tendency to coma.

"Specific bryonia will be found to be the remedy in cases in which the cough is severely harsh and racking, especially painful, with pleuritic stitches, the child desiring to lie perfectly quiet in order to avoid the pain and aggravation of the cough that arises from being moved. The cough is hard, racking and dry.

"Specific ipecacuanha is useful in the latter stage when the chest is filled with mucous and sibilant rales. Cough comes on in paroxysms, almost suffocating the child, its face becoming livid, with dyspnea, nausea and vomiting of a copious secretion of stringy mucus at the end of the paroxysm. It is especially indicated in the capillary bronchitis of children when the cough is lessening, and the tubes are filled with mucus.

"Specific drosera will be found an excellent remedy when the cough is violently spasmodic, even convulsive, as in whooping cough, titillation of the throat, and stitches in the larynx. Inspiration is so labored that a simulation of whooping cough soon occurs. Child coughs in paroxysms until its gags and vomits.

"I have found specific pulsatilla an excellent remedy in capillary bronchitis of moderate severity in pulsatilla subjects. The cough is easy and the expectoration thick and yellow. At night the cough becomes dryer and more spasmodic, so that the patient has to sit up in bed to cough. Gastric symptoms predominate, coughing being associated with emesis.

"No remedy is better in bronchitis than tartar emetic when the chest is full of mucus with rales heard in every direction. The child coughs as though the whole chest were filled with mucus, and is unable to expectorate. The breathing is rattling, and the cough more rattling. Will be found especially applicable to cases that are disposed to be protracted."

Trillium Erectum.

This perennial plant is commonly known as birthroot. It is a useful remedy in many abnormal conditions, and is especially so when the wrong is due to relaxation of mucous surfaces. The *Medical Summary* commends the drug as follows:

"Trillium is a soothing, stimulating, astringent tonic, influencing the mucous membranes, especially of the generative system. It has been called birthroot on account of its value during pregnancy, as when used during pregnancy it lessens the pains and difficulties at the time of delivery. It is also a useful remedy for diseases of women. By some it is considered specific for female weakness, good for prolapsus, excessive discharges, hemorrhages and various other female complaints. It is claimed by good authority that birthroot is of value in all forms of hemorrhage. It would no doubt prove to be much value in hematuria in malarial districts. At least it deserves a thorough trial in such conditions. It would likely act well in urinary conditions with *rhus aromaticus* and *erigeron canadensis*. The action of *erigeron canadensis* and *trillium erectum* very much resembles each other in all forms of hemorrhage. I am not prepared to say which is the strongest hemostatic, but both are good and should be better known.

"Trillium is of value in all forms of diarrhea, either acute or chronic. It can be given internally and used by enemata also. It is antiseptic, which makes it of value in diarrhea when used by enemata, as well as its astringent properties. If desired, when used by enemata, it could be combined with *plantago major*, as *plantago* is an astringent and anodyne of great value in such conditions.

"The local use of trillium has been recommended for catarrh, leucorrhea, etc. It has been used as an expectorant, as an antiseptic

in asthma, for snake bites, etc., also locally on tumors, carbuncles, ulcers, etc.”

The dose of the fluid extract of trillium erectum is from 1 to 60 drops, but 5 to 10 drops usually constitute an efficient dose.

Faith in Medicine.

Without faith in medicine it is impossible to make much success in the practice of medicine. Some of our best physicians are beginning to think there is a big crop of medical nihilists growing up amongst medical men. Is there any ground for this fear? We think there is. You can not read current medical literature without this thought coming home to you. But don't be so hard. I remember the time when I would take a remedy in my hand, and would soliloquize thusly: Is it possible for this substance to bring back color to the faded cheek, luster to the dim eye, and strength to the weakened limbs? But my doubts have long since gone, because I have found that medicines wisely applied will do these things. Success in the use of medicines has given me wonderful confidence in them. So that many times I place myself in this position. The patient looks with anxiety at you, as he says, Do you think this medicine will help me? I reply, No, I don't *think* it will help you; then, after a pause, I say, I *know* it will. What courage this puts into the patient. If you say I hope, or think it will help, how different. The patient is left in a negative condition. But if (after studying his case, you can speak as above, it changes his condition and he is bound to be helped. Moral: Have Faith. Then inject some of your own faith into your patient.—*Fearn, Eclectic Medical Journal*.

A Curious World.

Here is our esteemed friend Fyfe, of the *Eclectic Medical Review*, jumping on the allopaths because they have just “discovered” that belladonna is a prophylactic for scarlet fever. Dr. Fyfe then goes on to say that “more than forty years ago the late Prof. J. M. Scudder published these facts substantially as given above.” It might also be added that one Dr. Samuel Hahnemann published the identical facts before Dr. Scudder was born. The allopaths of his day raged at him for his announcement of the prophylactic properties of belladonna in scarlet fever, and to-day they have “discovered” it. “’Tis a quare wourld, Hennissy.”—*Homeopathic Recorder*.

Some good homeopathic friend, who forgot to sign his name, in sending me the foregoing extract incidentally remarks that some of our best Eclectic indications for drugs came from homeopathic sources. Why, bless his dear soul, of course they did, and that is one of our greatest reasons for being so fond of our homeopathic brethren! Well, truly, as Mr. Dooley has often remarked, “’Tis a quare wourld, Hennissy.”

Erysipelas.

Dr. H. K. Whitford gives his treatment of erysipelas as follows:

"The treatment most successful in my experience is as follows: Administer internally muriated tincture of iron, fifteen drops in sweetened water every three hours, taken through a glass tube. Externally, use dry applications. Cover the inflamed surface with bismuth subnitrate—use no fluid preparations."

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Kansas City in June, 1908. L. A. Perce, M.D., president; W. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March 1908. G. W. Thompson, M.D., president; E. H. King, M.D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. C. A. Tyrrell, M.D., president; Charles Lloyd, M.D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearlstien, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. A. Blaustein, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. Electa A. Brown, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York.

The Eclectic Medical Society of the City and County of New York held its regular meeting in the lecture room of the college at 9 P. M. on November 21, 1907, President Tyrrell in the chair. The meeting was well attended. The minutes of the previous meeting were read and, with a slight correction, approved. On motion the application for membership of Dr. Mary Carr was referred to the board of censors, who reported favorably and she was unanimously elected.

The secretary read the report sent to him by the committee appointed to select a series of topics for discussion at the regular meetings of the society, to be announced by the secretary in each month's notice. The subjects were as follows: For November—Feeding and treatment in typhoid fever. Discussion to be opened by Dr. George W. Boskowitz. For December—Pneumonia. Discussion to be opened by Dr. H. Harris. For January—Kidney disorders as sequelae to acute diseases. Discussion to be opened by Dr. M. B. MacDermott. For February—Influence of diet in rheumatism. Discussion to be opened by Dr. Geo. W. Boskowitz. For March—The eruptive fevers. Discussion to be opened by Dr. H. Harris. For April—Hygienic measures to be observed in the treatment of rickets. Discussion to be opened by Dr. Geo. W. Boskowitz. For May—Acute diarrheas, their prophylaxis and

treatment. Discussion to be opened by Dr. M. B. MacDermott. Respectfully H. Harris for the committee.

On motion the report was accepted and placed on file.

The essayist of the evening was Dr. P. Nilsson, who read a paper on scarlet fever which will appear in the January Review. A discussion followed in which Drs. Boskowitz, Schultz, MacDermott, Thompson, Hyde and Carr took part. On motion a vote of thanks with the monthly prize was given to the essayist.

The subject of "feeding and treatment in typhoid fever" was taken up for discussion and opened by Dr. Boskowitz, followed by Drs. Thompson, Schultz and MacDermott. This proved a most interesting innovation and was well received by the society. Dr. Schultz will read a paper next meeting, subject to be announced.

CHARLES LLOYD, Secretary.

New York Specific Medication Club.

The regular monthly meeting of the New York Specific Medication Club was held in the college auditorium, November 14, 1907, President Brandenburg presiding. A large number of members and visitors was present. The minutes of the October meeting were approved as read. A card from Dr. F. W. Abbott, of Taunton, Mass., wishing the club success, was read and ordered placed on file.

The secretary-treasurer presented his annual report, and on motion was received. The financial statement having been examined and found correct by an auditing committee was also received. The report in full was then accepted and ordered spread in full on the minutes.

Drs. E. Di Lio and A. Blaustein were unanimously elected to membership.

Dr. Robert Toms, of Kenmore, N. Y., for many years an active member of the club, was extended the privilege of the floor, and expressed his pleasure at being with us again.

Dr. Harris read an essay entitled "Renal Specifics," which was discussed by many of the members.

Dr. C. W. Brandenburg was unanimously re-elected president and Dr. A. Blaustein was unanimously elected secretary-treasurer for the ensuing year. Dr. C. A. Tyrrell in a few well-chosen words installed the newly elected officers.

A unanimous vote of thanks was tendered Dr. Harris for his services as secretary-treasurer for the years 1905-6 and 1906-7.

The society then adjourned.

A. BLAUSTEIN, Secretary.

Selections

The Value of Codeine.

The *Cleveland Medical Journal* quoting from the *Denver Medical Times*, concerning codeine, states that, according to Butler, "it is less depressing and more stimulating than morphine, does not constipate, cause headache or nausea, and rarely leads to the formation of a habit. Codeine seems to exert a special, selective, sedative power over the pneumogastric nerve, hence its value in irritative laryngeal, pharyngeal and phthisical coughs with scanty secretion. Like morphine, it has proved of value in checking the progress of saccharine diabetes, and it has been used for long periods, without the formation of the drug habit, inasmuch as when glycosuria was brought to a termination by dietary and other measures, the cessation of the use of codeine was not followed by any special distress. The effects of codeine on the alimentary canal are remarkable, in that it assuages pain as well or better than morphine and nevertheless does not check the secretions or peristalsis notably, unless the latter is excessive, as in dysentery." In view of these facts it would seem that antikamnia and codeine tablets are a remedy which should find a wide field. Prof. Schwarze (*Therapeutische Monatshefte*) in writing upon the treatment of the different forms of dysmenorrhoea, and the different forms of congenital deformity of the uterus, states that the coal-tar analgesics are of much use, as well as the preparations of iron and sodium salicylate. In many cases it is necessary to administer codeine in small doses, and the tablets of "antikamnia and codeine" would seem to have been especially prepared in their proportions, for just these indications.

Pinworms as a Cause of Appendicitis.

David F. Monash states that pinworms are prone to invade the appendix from their habitat in the cecum. Pocketed in the appendix, they and their ova cannot be dislodged, and by reinfecting the intestinal tract which has been thoroughly cleansed for relief of pinworms the disorder is obstinately continued. Accumulating in large numbers, they block the lumen and set up violent spasmodic contractions of the appendix in its efforts to expel the contents, thus coinciding with the clinical picture of appendicular colic. After a portion is expelled relief follows and the colicky attack is not repeated until the appendix is again distended by large numbers of the parasites. Repeated attacks are associated with pathologic changes in the mucosa as shown in cases reported. The sharp, fine-pointed tail of the female worm, which causes irritation of the colonic and rectal mucosa, also produces catarrhal changes in the appendix, thereby paving the way for bacterial invasion of the

deeper tissues. Anthelmintic treatment is useless, and in an acute attack even dangerous. Removal of the appendix relieves both affections.—American Medicine.

The Serum Treatment of Exophthalmic Goitre.

Harriet C. B. Alexander discusses the subject, and reports thirteen cases. Four principal theories of the disease have been advanced: (1) That it is due to disease of the sympathetic nervous system; (2) that the seat of the malady is the medulla oblongata; (3) that it is primarily a disease of the thyroid gland, and (4) that it is a neurosis.

Modern therapeutic measures have been largely based on the "thyroid" theory. The results of partial strumectomy indicate that the successful removal of a portion of the thyroid gland can lead to cure or to definite amelioration of the condition. On the theory that the thyroid secretion normally neutralizes certain general metabolic poisons in the body, Moebius and others conceived of treating cases of exophthalmic goitre, in which there is presumably an excess of thyroid secretion in the body, by introduction subcutaneously, or by the mouth, the serum of thyroidec-tomized animals. It was hoped that the non-neutralized general metabolic poisons of such animals would nullify the toxic effect of the excessive thyroid secretion. As to the treatment, experience has shown the great importance of general measures: complete rest for a time, fresh air, careful diet, mild balneotherapy, etc.

The name thyroidectin has been given to a preparation obtained under aseptic precautions from the blood of animals from which the thyroid glands have been removed, and which is exhibited as a reddish-brown powder contained in capsules, usually five grains each. Carefully conducted clinical trials seem to show that thyroidectin can be depended upon to control the characteristic symptoms of exophthalmic goitre. In most cases the patient experiences much relief from the restlessness, tremors, insomnia and other nervous symptoms so frequently present, and a gradual lessening of the frequency of the pulse rate, decrease in the size of the glands and a diminution of the exophthalmos, with an increase of weight and a much better condition generally. The dose of thyroidectin seems to be one or more capsules after each meal, according to the judgment of the physician and the reaction of the patient.

In nine of the author's thirteen cases the size of the gland was materially reduced, and in every case improvement was observed with respect to one or more of the symptoms.—The American Practitioner and News, August, 1907.

La Tribune Medicale, October, 1907.

The principal alkaloids of cod-liver oil known as morrhuol are:

Amylamine	$C_5H_{13}N$
Dihydrolutidine	$C_7H_{11}N$
Oxycollidine	$C_8H_{11}NO$
Morrhuine	$C_{19}H_{27}N_3$
Nicomorrhuine	$C_{20}H_{28}N_4$
Aselline	$C_{25}H_{32}N_4$
Morrhuic Acid	$C_9H_{18}NO_8$

These excite the activity of the nerve centers and the intra-oxydation processes; they assist the digestive functions, stimulate assimilation and circulation, and purify the system of its impurities, as is indicated by the enormous quantities of urine excreted under their influence, the acceleration of the sudoral secretions, and the increase appetite provoked. The value of cod-liver oil, therefore, is explained.

Book Reviews

Visiting and Pocket Reference Book (Perpetual). 1908. J. H. Chambers & Co., publishers, St. Louis, Mo.

Revised and enlarged, handsomely vellum bound, lapel, pocket size. Price 50 cents. Condensed, at the same time sufficiently elaborate to give such information required in a book of this character. Convenient to carry in the pocket; containing 128 printed and blank pages. Synopsis of contents: Table of signs; how to keep visiting list; obstetrical memoranda; clinical emergencies; artificial respiration; poisons and antidotes; dose table; important incompatibles; ruled printed pages for weekly visiting list, memoranda, nurses' addresses, clinical record, obstetric record, birth record, bills rendered, cash received, miscellaneous memoranda, death record, vaccination record, articles loaned, cash loaned. The publishers will mail copy postpaid on receipt of twenty-four two-cent stamps.

Essentials of Medical Gynecology. By A. F. Stephens, M. D., professor of medical gynecology in the American Medical College, St. Louis, Mo. 12mo., 428 pp. Fully illustrated. Cloth, \$3.00. The Scudder Brothers Co., publishers, Cincinnati, Ohio.

To many medical gynecology seems a misnomer, but Professor Stephens in this excellent little book shows in a convincing manner that many conditions of the female generative organs can be treated successfully without resorting to surgery. Professor Stephens is a man with large experience and most excellent judgment and in every part of this book the reader will find that practical common sense is mixed with every suggestion as to treatment.

The Causes, Symptoms, Diagnosis, Pathology and Treatment of Chronic Diseases. By John King, M. D., professor of obstetrics and diseases of women and children in the Eclectic Medical Institute of Cincinnati; author of American Dispensatory, American Obstetrics, American Physician, Women, Their Diseases and Treatment, etc. Cincinnati, John M. Scudder, publisher. 1891.

King's Chronic Diseases has been before the profession for many years and is one of the best books the Eclectic school has ever published. The younger men may be unfamiliar with it; if so, it will prove a good investment, for we consider it the best book on chronic diseases ever published. Many of the proprietary medicines that are selling well to-day are slight modifications of recipes in this work. Every Eclectic should own a copy.

Notice of Recent Works on Pediatrics.

In the opening lecture on pediatrics to the students in the Eclectic Medical College of New York City, Prof. Hinds devoted most of the time to a consideration of some new works on "Diseases of Children," pointing out their excellencies while reviewing these works.

One of these books, by Dr. Koplik, and published by Lea Brothers of Philadelphia, recently and thoroughly revised, was carefully reviewed. The author gives considerable space to the newborn and its developments, normal and abnormal, showing the best methods of examination of the infant and the various means used in diseased conditions, such as hypodermoclysis, garage, washing of the stomach, etc. A large section is devoted to infant feeding and the latest and best methods of preparing artificial food for the infant. The illustrations in various forms of disease are exceedingly accurate and very helpful to the young practitioner. The symptoms, diagnosis and prognosis of each disease are carefully elaborated. It is a work needed by the student and practitioner.

There are smaller works more condensed on the subject, and yet containing much that is suggestive for all students. Lea Brothers publish some pocket text-books on various departments of medical science, which are intended for students and busy practitioners, as reference books.

One need not go through so much research to find the information needed as in larger works. The one on pediatrics is written by Dr. Geo. M. Tuttle. This work enters quite fully into the condition of the infant with its normal respiration and circulation and the action of the various organs. There is attention also given to the various deformities of the new-born infant—harelip, cleft palate, imperforate rectum, hypospadias and epispadias, accompanied by a

description of the necessary operations. The illustrations are good and worthy of careful study.

Saunders & Co. also publish a manual on diseases of children which has many admirable features. Dr. Ruhrah has desired especially to help students by this work and gives much consideration to infant feeding as well as to the various diseases incident to infancy and childhood.

Dr. Hatfield has compiled a small work on the acute contagious diseases of childhood which has a large claim to directness and completeness in just that line of diseases.

Dr. Mundy's work on diseases of children gives comprehensively and in a masterly manner our own Eclectic practice and Dr. Mundy's wide experience as well.

Items

Mr. William H. Lewis, for many years secretary of the board of trustees of the Eclectic Medical College of the City of New York, died December 8.

Dr. C. Motchenbacher, for a short time the professor of pharmacy of the Eclectic Medical College of the City of New York, died December 2.

Dr. Walter Baetz has just returned after a two months' visit in England and the continent.

Dr. Albert Leining is kept very busy at the Emergency Hospital at Buffalo.

The Beachonians have arranged to hold an open meeting and reception monthly.

Dr. Peter Nilsson received the honor prize at the November meeting of the Eclectic Medical Society of the City and County of New York.

Prepare your essays for the meeting of our State Society and bear the date in mind—March 4 and 5.

W. Charles Willis, M. D., has located at 157 Genesee Street, Geneva, N. Y.

Read the advertisements. Patronize the advertisers. Mention the Review.

If you have not received a copy of the new Dose Book recently issued by Lloyd Bros. send for a copy.

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Combination offer! The Gleaner and The Eclectic Review, \$1.50. The Gleaner, Journal of Therapeutics and Dietetics and Eclectic Review, \$2.00.

Do you own a copy of Fyfe's book, "Essentials of Modern Materia Medica and Therapeutics"? You need it in your practice.

Dr. Nicholas M. Villone will take unto himself a wife on Wednesday, December 18.

The Manhattan Visiting and Instructive Nurses' Association were most successful with the whist and euchre which was held at Duryea's on Thursday afternoon, December 5.

Mac was there—ask him about it.

When in New York drop in and see the many fine changes in the college building.

The minutes of the forty-seventh annual session of the Eclectic Medical Society of the State of New York, held at the City Hall, Albany, March 6 and 7, 1907, together with the address of President Broga, have been published in the form of a neat sixteen-page pamphlet.

The psychological depressions and neuralgias so common in the period following a debauch are lessened or disappear altogether by the use of Celerina.

The compliments of the season to you all.

